



Child Care and Development Fund (CCDF) Plan
for
Idaho
FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current overall status for this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law.

In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance

with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency: **Idaho Department of Health and Welfare**

Address of Lead Agency: **450 W. State Street, Boise, ID 83720**

Name and Title of the Lead Agency Official:

Director- Richard M. Armstrong; Division Administrator- Lori A. Wolff

Phone Number: **(208)334-5696**

E-Mail Address: **ArmstrongR@dhw.idaho.gov; WolffL@dhw.idaho.gov**

Web Address for Lead Agency (if any): **www.healthandwelfare.idaho.gov**

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: **Ericka Rupp**

Title of CCDF Administrator: **Program Manager**

Address of CCDF Administrator: **450 W. State Street, Boise, ID 83720**

Phone Number: **(208)334-5641**

E-Mail Address: **RuppE@dhw.idaho.gov**

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator

Title of CCDF Co-Administrator

Phone Number

E-Mail Address

Description of the role of the Co-Administrator

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any):

Idaho Careline 2-1-1 or 1-800-926-2588

Web Address for CCDF program (for the public) (if any) :

<http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/tabid/292/Default.aspx>

Web Address for CCDF program policy manual (if any) :

Web Address for CCDF program administrative rules (if any):

<http://adminrules.idaho.gov/rules/current/16/0612.pdf>

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- ☐ Outreach and Consumer Education (section 2):
 - Agency/Department/Entity: **Idaho Department of Health and Welfare**
 - Name of Lead Contact: **Ericka Rupp**
- ☐ Subsidy/Financial Assistance (section 3 and section 4)
 - Agency/Department/Entity: **Idaho Department of Health and Welfare**
 - Name of Lead Contact: **Ericka Rupp**
- ☐ Licensing/Monitoring (section 5):
 - Agency/Department/Entity: **Idaho Department of Health and Welfare**
 - Name of Lead Contact: **Marilyn Peoples**
- ☐ Child Care Workforce (section 6):
 - Agency/Department/Entity: **IdahoSTARS Project (University of Idaho and Idaho Association for the Education of Young Children)**
 - Name of Lead Contact: **Janice Guier and Nathan Drashner**
- ☐ Quality Improvement (section 7):
 - Agency/Department/Entity: **IdahoSTARS Project (University of Idaho and Idaho Association for the Education of Young Children)**
 - Name of Lead Contact: **Janice Guier and Nathan Drashner**
- ☐ Grantee Accountability/Program Integrity (section 8):
 - Agency/Department/Entity: **Idaho Department of Health and Welfare**
 - Name of Lead Contact: **Ericka Rupp**

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

☒ All program rules and policies are set or established at the State/Territory level.

☐ Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

☐ Eligibility rules and policies (e.g., income limits) are set by the:

☐ State/Territory

☐ County. If checked, describe the type of eligibility policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Sliding fee scale is set by the:

☐ State/Territory

☐ County. If checked, describe the type of sliding fee scale policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Payment rates are set by the:

☐ State/Territory

☐ County. If checked, describe the type of payment rate policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Other. List and describe (e.g., quality improvement systems, payment practices) _____

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- ☒ CCDF Lead Agency
- ☐ TANF agency. Describe. _____
- ☐ Other State/Territory agency. Describe. _____
- ☐ Local government agencies such as county welfare or social services departments. Describe. _____
- ☐ Child care resource and referral agencies. Describe. _____
- ☐ Community-based organizations. Describe. _____
- ☐ Other. Describe. _____

b) Who assists parents in locating child care (consumer education)?

- ☐ CCDF Lead Agency
- ☐ TANF agency. Describe. _____
- ☐ Other State/Territory agency. Describe. _____
- ☐ Local government agencies such as county welfare or social services departments. Describe. _____
- ☒ Child care resource and referral agencies. Describe: **Families may contact the Idaho Careline at 2-1-1 or 1-800-926-2588 to be connected to one of seven Statewide Child Care Resource and Referral Centers located throughout Idaho. Regional referral specialists assist parents in finding appropriate child care for their child/ren. Idaho's Child Care Resource Centers utilize NACCRRAware as the system for housing provider data and update information quarterly to maintain accurate referral information.**
- ☐ Community-based organizations. Describe. _____
- ☐ Other. Describe. _____

c) Who issues payments?

- ☒ CCDF Lead Agency
- ☐ TANF agency. Describe. _____

- ☐ Other State/Territory agency. Describe. _____
- ☐ Local government agencies such as county welfare or social services departments. Describe. _____
- ☐ Child care resource and referral agencies. Describe. _____
- ☐ Community-based organizations. Describe. _____
- ☐ Other. Describe. _____

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

- 1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

- ☒ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe: **A copy of the CCDF plan was distributed to local towns that have their own child care licensing regulations to ensure opportunity to provide feedback with regards to CCDF and its impacts to providers in their communities.**
- ☒ [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe: **The State Early Childhood Coordinating Council was presented an overview of the CCDF Act of 2014 and provided the link to review the State Plan and provide feedback.**
 - If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
 - ☒ Yes
 - ☐ No.

- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____
- ☒ [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with: **Coeur d'Alene, Nez Perce, Shoshone-Bannock**. Check N/A if no Indian Tribes and/or Tribal organizations in the State
☐ **The CCDF State Plan was sent to each tribal entity in Idaho for feedback as well as provided information on date and time of public comment period.**
- ☒ State/Territory agency responsible for public education. Describe: **The CCDF State Plan was sent to the State Department of Education for feedback as well as provided information on date and time of public comment period.**
- ☒ State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe: **A copy of the State Plan was shared with both Part C and Section 619 state directors for feedback and possible partnership opportunities. These two programs also serve on the Early Childhood Coordinating Council as members.**
- ☒ State/Territory institutions for higher education, including community colleges. Describe: **Higher education including community colleges are represented on the State of Idaho's Early Childhood Coordinating Council as well as our Lead Agency for Quality is the University of Idaho and our State Directors for the IdahoSTARS Project are involved in a Consortium for Higher Education to look at and address Early Childhood Systems work within the state.**
- ☒ State/Territory agency responsible for child care licensing. Describe: **The licensing staff person is housed within Division of Welfare and was responsible for certain components of the State Plan.**
- ☒ State/Territory office/director for Head Start State collaboration. Describe: **A copy of the State Plan was shared with the Head Start Collaboration office. The CCDF staff met with the Collaborative Director to coordinate opportunities over the next three years in alignment of both State Plans. The first opportunity will be in February 2016 at the State Directors meeting.**
- ☒ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe: **In Idaho, the Head Start Collaboration Director is the contact for Early Head Start- Child Care Partnership, in partnership with the CCDF Administrator.**

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- ☒ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe: **A copy of the State Plan was sent to the CACFP director for review and comment.**
- ☒ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe: **A copy of the State Plan was sent to the WIC leadership for review and comment.**
- ☒ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe:
- Strengthening Families is a collaborative effort supported by the Children’s Trust Fund. A copy of the State Plan was shared with the Children’s Trust Fund Director for review and comment.**
- The Department is newly engaged with the Idaho Afterschool Network that has developed a leadership team focused on the quality of school-age programs. IdahoSTARS is an active participant in the development for future years of school age criteria for the STQ (Steps to Quality) Program (Idaho’s QRIS).**
- ☒ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: **A copy of the State Plan was shared with the MCHV leadership for feedback and possible partnership opportunities. The MCVH Director also serves on the Early Childhood Coordinating Council and the State CCDF Administrator sits on the MCVH steering committee.**
- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- ☒ McKinney-Vento State coordinators for Homeless Education. Describe: **A copy of the State plan was sent to the Homeless Education State Coordinators for review and comment.**
- ☒ State/Territory agency responsible for public health. Describe: **A copy of the State Plan was shared with the Public Health Directors for review and comments.**
- ☒ State/Territory agency responsible for mental health. Describe: **A copy of the State plan was sent to AIM Early Idaho leadership for review and comment.**
- ☒ State/Territory agency responsible for child welfare. Describe: **A copy of the State Plan was shared with the Division of Family and Children Services, Child Welfare Program for review and comments.**
- ☐ State/Territory liaison for military child care programs. Describe _____
- ☒ State/Territory agency responsible for employment services/workforce development. Describe: **A copy of the State plan was sent to Easter Seals Good Will, Idaho’s workforce development contractor.**

- ☒ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe: **The CCDF administrator is also the TANF administrator, so the plan was developed with both programs in mind.**
- ☒ State/community agencies serving refugee or immigrant families. Describe: **A copy of the State Plan was shared with the State Refugee Resettlement Program Leadership for review and comments.**
- ☒ Child care resource and referral agencies. Describe: **The CCRC's are a part of our IdahoSTARS project and were contributors to the State Plan. A copy of the final version of the State Plan was shared with staff for review.**
- ☒ Provider groups or associations. Describe: **The Idaho Association for the Education of Young Children is a contracted partner in the CCDF program. The State plan was sent to local affiliates for review and comment.**
- ☐ Worker organizations. Describe _____
- ☒ Parent groups or organizations. Describe: **Parent groups and organizations are represented on the State's Early Childhood Coordinating Council and were provided the overview and details on how to provide comments via public hearing.**
- ☒ Other. Describe: **A copy of the State Plan was shared with the Idaho Afterschool Network Leadership for review and comments.**

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of public hearing. **January 11, 2016 Reminder - Must be at least 20 calendar days prior to the date of the public hearing.**
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.
A Notice of public hearing was published in the Post Register, statewide newspapers throughout Idaho as well as social media modes were used to get the word out about the public comment period.
<http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/ICCPStatePlan/tabid/3359/Default.aspx>
- c) Date(s) of public hearing(s): **February 11th, 2016 1-3 PM MT Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.**

- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed: **450 West State Street, Boise Idaho 83720**

A draft of the State Plan was published on the Department's public website. A link to the plan was distributed to various agencies and partners, ensuring they had all the background information as well as the draft State Plan. An email box was created for receiving feedback and comment as well as mail and fax options available up until the hearing day.

<http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/ICCPStatePlan/tabid/3359/Default.aspx>

- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) **A draft of the State Plan was published on the Department's public website. A link to the plan was distributed to various agencies and partners, ensuring they had all the background information as well as the draft State Plan. An email box was created for receiving feedback and comment as well as mail and fax options available up until the hearing day.**

<http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/ICCPStatePlan/tabid/3359/Default.aspx>

- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? **Idaho will take all comments and feedback into consideration when making final changes to the plan. All comments and feedback will be documented and archived to accompany the plan in program documentation.**

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

- ☒ Working with advisory committees. Describe: **The Idaho Child Care Advisory Panel contributed to the development of the State Plan by providing guidance and feedback on issues pertaining to policy, programming and implementation for the State Plan requirements. Members were also provided the link to share with others about the public comment period.**

- ☒ Working with child care resource and referral agencies. Describe: **Child Care resource and referral offices contributed to the development of certain sections within the State Plan as well as provided the link to share with providers pertaining to public comment period.**

- ☐ Providing translation in other languages. Describe _____

- ☒ Making available on the Lead Agency website. List the website:

<http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/tabid/292/Default.aspx>

☒ Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe: **The State of Idaho published notification of Public Comment Period on the IDHW blog as well as emailed providers notifying them of the link to make comments on the State Plan.**

☒ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: **The CCDF State Plan was posted on the IDHW website and was shared in both the Early Childhood Coordinating Council meeting and the Idaho Child Care Program Meeting in January 2016. Parent Groups and Providers are represented at these quarterly meetings.**
<http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/ICCPStatePlan/tabid/3359/Default.aspx>

☐ Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

☒ [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe: **The State of Idaho Child Care Program Manager participates in and promotes the coordination of local, state, head start, and school based programs to explore, expand or collaborate to develop pre- k programs with community child care programs, head start programs, or school based programming. The State of Idaho held its first every Early Learning Summit in spring 2015, bringing together the business community, legislators, non-profits and State entities to learn and understand**

the research around early education. Data and best practices were presented and discussed leading to a statewide working group focused on developing an early learning bill that could be presented to the legislative body in 2016. The Child Care administrator also serves on the Treasure Valley United Way board and was actively engaged in the partnership created in 2015 between the City of Boise, Boise School District and the Treasure Valley United Way working together to begin preschool for 4 years olds in two high needs elementary schools. The partnership encompasses teachers being engaged with IdahoSTARS professional development system and is working together through the Treasure Valley Education Project to align services and link comprehensive services for children being served.

- ☒ [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with:
- ☐ Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State. The State will continue to partner with the Tribes in Idaho with the goal of coordination. The Department meets quarterly with all Tribes with the goal of ensuring communication is happening both ways around program information and policy changes. We also want to ensure the Tribes have active participation on the Idaho Child Care Advisory Council and are currently searching for new representation. We use both the Department wide meetings as well as the Child Care Advisory Panel meeting as avenue for sharing information, gathering feedback and providing opportunities for alignment where necessary.
- ☒ [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe: **The Lead Agency sits on the Early Childhood Coordinating Council (EC3) with both Part C and 619 State Leads. The CCDF Administrator sits on the Infant Toddler Sub Committee for EC3 and coordinates efforts between programs with the goal of sharing information and developing plans for linking comprehensive services. The EC3 council will be using the Idaho Early Childhood Comprehensive Systems Framework for 2014-2019 as the guide for ensuring goals targeted toward serving infants and toddlers with disabilities is accomplished as defined in the plan.**
- ☒ [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe: **The Lead Agency plans to coordinate education and outreach to homeless shelters through partnering with the State and cities homeless coalitions with the intent of aligning eligibility and streamlining processes for accessing subsidies.**
- ☒ [REQUIRED] Early childhood programs serving children in foster care. Describe: **The Lead Agency currently coordinates with Child Welfare within the Department of Health and Welfare. Trainings are provided to foster care staff with the goal of sharing information about program changes, answer policy and program questions and work together to streamline coordination of services.**

-
- ☒ State/Territory agency responsible for child care licensing. Describe: **In June of 2015, licensing for the State of Idaho, was moved to Division of Welfare, under the CCDF Administrator. This transition aligns all child care related work, streamlines efforts around business and program operations. Future strengths will be possible better alignment between the licensing and CCDF requirements for providers.**
- ☒ State/Territory agency with Head Start State collaboration grant. Describe: **The Lead Agency sits on the Early Childhood Coordinating Council (EC3) with the Head Start Collaborative Director as well as the HS Collaborative Director is a participant on the Idaho Child Care Program Advisory Panel. The CCDF administrator and Head Start Collaborative Director meet regularly to discuss information between both programs, problem solve and develop long range plans for partnership. The CCDF Administrator worked in partnership with the Head Start Collaborative Director to develop both the CCDF and Head Start grant application with the focus on collaboration and alignment of activities to strengthen knowledge and understanding around CCDF and Head Start systems. Long term goals include; increase enrollment of Head Starts in Idaho's Steps to Quality program; maximizing funding to better serve at risk children through clear, consistent alignment of HS and Subsidy as well as an increased effort between HS and Child Care to improve the standards around health and safety and staff qualifications of child care staff to better align with HS.**
- ☐ State Advisory Council authorized by the Head Start Act. Describe _____
- ☒ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe: **Early Head Start- Child Care Partnership grants support one program in Idaho, working to expand full day programming for Head Start Children in Eastern Idaho. CCDF is working in partnership with the Head Start to ensure coordination and access to CCDF services. We will be working in partnership with our Head Start office to continue education and knowledge building around the benefits of early head start – child care partnerships with the long term goal of increasing the number of partnerships if given the opportunity to expand in future years.**
- ☒ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe: **The Department plans to engage local and state homeless programs in a dialogue around training for how to provide a clear and consistent access point for homeless families to become eligible for subsidy.**
- ☒ Child care resource and referral agencies. Describe: **CCRC's are present in all seven regions of Idaho targeted at providing resources and education to both families and child care providers. CCRC staff provide technical assistance and coaching to child care providers enrolled in the states QRIS system with the goal of improving the quality of care, expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services.**
- ☐ State/Territory agency responsible for public education. Describe _____

-
- ☐ State/Territory institutions for higher education, including community colleges. Describe _____
- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe _____
- ☒ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe: **In Spring 2016, Child and Maternal Health will be facilitating a statewide partner meeting between Child Care, WIC, Head Start, and Idaho Physical Activity and Nutrition program to discuss the latest Child and Maternal Health needs assessment along with various other aspects of data, including the Zero the Three State Infant and Toddler Self-Assessment, to determine statewide strategies we could all focus on, collectively, as programs.**
- ☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____
- ☒ State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe: **The CCDF Administrator sits on the statewide advisory panel for the MICHV Program. The goal is to increase the number of children receiving early intervention programming and a continuity of care as families make progress through years with their children. We are striving to increase collaboration and coordination of shared resources to professionals in the field of early care and education.**
- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- ☒ State/Territory agency responsible for public health. Describe: **Quarterly meetings are held with the Health District state lead, the CCDF program, Licensing, and 211 Careline with the goal of sharing information, changes, problem solving situations and coordinating efforts for a more streamlined process for providers and families.**
- ☐ State/Territory agency responsible for mental health. Describe _____
- ☒ State/Territory agency responsible for child welfare. Describe: **The Lead Agency is a part of the same State Department responsible for child welfare. Our goal is to coordinate meetings when necessary to share information and develop plans, according to a topic.**
- ☐ State/Territory liaison for military child care programs. Describe _____
- ☒ State/Territory agency responsible for employment services/workforce development. Describe: **The Lead Agency is a part of the State Workforce Development Council and represents both TANF and Child Care as a partner at the table. Child Care Assistance is currently provided to families participating in the work services program mandatory for cash assistance families and can also support families enrolled in workforce development programs and education programs combined with some kind of employment.**

☒ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe: **The Lead Agency is a part of the same State Department responsible for child welfare. Our goal is to coordinate meetings when necessary to share information and develop plans, according to a topic.**

☒ State/Territory community agencies serving refugee or immigrant families. Describe: **The Department meets quarterly with the Resettlement leadership and work to coordinate programming and ensure communication between programs is clear and resettlement agencies understand the changes with regards to eligibility and policy updates.**

☐ Provider groups or associations. Describe _____

☐ Worker organizations. Describe _____

☐ Parent groups or organizations. Describe _____

☐ Other. Describe _____

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

- ☐ Yes. If yes, describe at a minimum:
- How do you define “combine” _____
 - Which funds will you combine _____
 - Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations _____
 - Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) _____
 - How are the funds tracked and method of oversight _____
- ☒ No

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. **Idaho is partnering with Jannus Inc to implement an Idaho Afterschool Network (IAN) for youth in Idaho to ensure youth have access to high quality out of school time programs. The Idaho Child Care Program contributed to the match needed for Idaho to obtain the Mott Foundation award. Idaho will be working toward building capacity for out of school programming through leadership, partnership and advocacy to ensure youth and families have access to high quality programming.**

Child Care leadership, in partnership with Maternal and Child Health will be joining other state partners to convene a planning session to review and analyze needs assessment data to collectively define strategies we, as programs, will agree to work towards improving outcomes for children and families in Idaho through child care settings.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

- ☒ Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs.

CCR&R services are provided statewide through a contract with one entity (University of Idaho) which employs staff and/or contracts with other agencies to carry out the CCR&R scope of work. The Scope of Work for CCR&R offices includes:

- Parents are provided a full range of child care options upon contact (through 211) by the CCR&R Resource Specialists. Parents may also access information on quality child care and child care options in their locale on the IdahoSTARS website.
- CCR&R Resource Specialists provide parents information on child care options to meet the specific needs of the family. Parents are supported in determining their priorities in selecting the best child care setting for their child.
- Data on the coordination of services and supports, including numbers of children receiving Early Intervention/Early Childhood Special Education services, is collected on CCR&R Site Visit Report forms, documented in the NDS database, and reported on the Monthly Monitor Report.
- Supply and demand data for child care services in local areas/regions is collected by CCR&R Resource Specialists during the referral process, documented in the NDS database and recorded on the Monthly Monitor Report.
- CCR&R staff engages in collaboration and partnerships with public and private community agencies, councils, faith and community-based child care providers to increase the supply and quality of child care services in Idaho. CCR&R staff disseminates information on quality child care during family-centered community events, and participate in regional communities as members of local committees and councils to increase the quality and supply of child care services in every region.
- IdahoSTARS administrators and CCR&R staff coordinate activities with our Lead Agency through consistent dissemination of information, conferencing, and coordinated activities in all regions of the state.

☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.

- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan _____

☒ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **September 30, 2016**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other): **Partially Implemented**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable:
IdahoSTARS currently provides technical assistance to child care programs on emergency preparedness using the Y.I.K.E.S. (Your Inventory for Keeping Everyone Safe) Planning Guide. Child care providers can also complete the IS-36 FEMA Multihazard Planning in Child Care training to receive 2 IdahoSTARS training hours. Follow-up technical assistance is offered by the IdahoSTARS Child Care Health Consultant (CCHC) Program staff.
 - Unmet requirement - Identify the requirement(s) to be implemented:
Currently, there are no state requirements for emergency preparedness training and/or practice drill requirements for child care staff and volunteers.
Recommendation: Record of fire evacuation drills practiced monthly, and other natural human generated disasters practiced at least bi-annually. Emergency plans reviewed and updated bi-annually, and immediately after relevant events (Caring for Our Children Standards 9.2.4.3 and 9.2.4.5)

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **Review and update the Y.I.K.E.S. Planning Guide to ensure the required information is embedded. Include information and resources on accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Expand technical assistance to child care programs to focus on implementing emergency preparedness plans and policies.**
 - Projected start date for each activity: **October 2015**
 - Projected end date for each activity: **September 2016**
 - Agency – Who is responsible for complete implementation of this activity: **DHW**
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity: **DHW will partner with UI to carry out the implementation of updating the Y.I.K.E.S. Planning Guide. UI will partner with Idaho AAP, Dr. Katherine Stevens**

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),

- c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) **Idaho currently has a child care assistance website on the Department of Health and Welfare website that walks a potential eligible family through the process of eligibility as well as IDHW is currently creating a consumer focused website for Idahoans to learn more about programs families could access and how they could help their family Live Better.**
- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income

populations. [Child Care Resource and Referral Centers, 211 Careline, Idaho Department of Health and Welfare Navigator statewide staff and local agencies.](#)

- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach? [Media campaigns, websites, vendor booths, blogs \(Idaho Department of Health and Welfare\), and social media tools \(Facebook\).](#)

2.1.2 How can parents apply for services? Check all that apply.

- ☒ Electronically via online application, mobile app or email. Provide link: [Clients may scan and attach their completed application for the Idaho Child Care Program and email to ICCPUnit@dhw.idaho.gov.](#)

http://www.healthandwelfare.idaho.gov/Portals/0/Families/ChildCare/ChildCareAFA_Web.pdf

- ☒ In-person interview or orientation. Describe agencies where these may occur: [Clients may come to regionally located Department of Health and Welfare offices to complete an application for the Idaho Child Care Program.](#)
<http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/Applyfor services/NewApplicants/tabid/1572/Default.aspx>

http://www.healthandwelfare.idaho.gov/Portals/0/Families/ChildCare/ChildCareAFA_Web.pdf

- ☐ Phone

- ☒ Mail : [Clients may mail their completed application for the Idaho Child Care Program to Idaho Dept. of Health and Welfare, ICCP Unit, PO Box 83720, Boise, ID 83720](#)

<http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/Applyfor services/NewApplicants/tabid/1572/Default.aspx>

- ☐ At the child care site

- ☐ At a child care resource and referral agency

- ☐ Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe _____

- ☒ Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe:
<http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/Applyfor services/NewApplicants/tabid/1572/Default.aspx>

- ☒ Other strategies. Describe: [Clients may fax their completed application for the Idaho Child Care Program to \(866\)434-8278.](#)

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.”

(658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

☒ Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable:
 - Unmet requirement - Identify the requirement(s) to be implemented
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public
Idaho utilizes the toll-free 211 CareLine as the entry point to inform the public about the full diversity of child care services, as well as the IdahoSTARS and Department of Health and Welfare websites. Information is offered in both English and Spanish.
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)
CCR&R office staff directly communicate with parents on the phone about the full range of child care, options to best meet family needs, and indicators of quality care. Printed material is provided electronically (email), or through fax, or postal mail. The IdahoSTARS website offers information on child care choices.
- c) Describe who you partner with to make information about the full diversity of child care choices available
Idaho partners with the 211 CareLine and the IdahoSTARS CCR&R offices to provide information about the full diversity of child care choices available.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

Idaho utilizes websites, social media, informational brochures and flyers, community events, Idaho 2-1-1 CareLine and Child Care Resource and Referral offices to inform the public about quality child care services.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Idaho's Quality Rating and Improvement System's Steps to Quality, is available statewide for both family and center child care programs who elect to participate. Participating programs, including those that are STAR rated and/or accredited are posted on the IdahoSTARS website. Each program is identified by the step (level) attained, location, contact information, and program website. Referral Specialists through the CCR&R offices offer information on quality indicators and assist families with finding participating programs in their areas. The on-line referral system also includes information regarding participation in Steps to Quality. Information on Idaho's Steps to Quality program is available on the IdahoSTARS website, as well as brochures, flyers, videos, and checklists intended to educate the public on choosing quality child care.

- c) Describe who you partner with to make information about child care quality available

The Idaho Department of Health and Welfare partners with University of Idaho's Center on Disabilities and Human Development, 2-1-1 CareLine, and Idaho Association for the Education of Young Children (Idaho AEYC) to offer information on child care quality.

- 2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF): **Parents receive a letter, as part of the referral process, containing resources that includes a link to the DHW website. CCR&R staff provide assistance to parents in accessing information on the DHW website. Additionally, all CCR&R offices have resource packets with a variety of resources, including information on TANF, available for dissemination to parents upon request.**
- b) Head Start and Early Head Start Programs: **Parents receive a letter, as part of the referral process, containing resources that includes a link to the DHW website. CCR&R staff provide assistance to parents in accessing information on the DHW website. CCR&R offices maintain fliers/brochures on site for parents interested in more information about Head Start and Early Head Start.**
- c) Low Income Home Energy Assistance Program (LIHEAP): **CCR&R staff offer information on LIHEAP and refer parents to Community Action Agencies for assistance**

- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps): **As part of the referral process, parents receive a letter containing a link to the DHW website that houses the information on SNAP. CCR&R staff offer assistance to parents in accessing information on the DHW website.**
- e) Women, Infants, and Children Program (WIC): **Parents receive a WIC brochure in the Referral Packet sent by the CCR&R Resource Specialists as part of the referral process. In addition, parents receive a letter containing the link for WIC.**
- f) Child and Adult Care Food Program(CACFP): **Parents receive informational brochures about CACFP in the referral packet as part of the referral process.**
- g) Medicaid: **As part of the referral process, parents receive a letter that contains a link to the DHW website and information on Medicaid. CR&R staff provide assistance to parents in accessing information on the DHW website.**
- h) Children's Health Insurance Program (CHIP): **Parents receive informational brochures in the referral packet from the CCR&R Referral Specialists as part of the referral process.**
- i) Individuals with Disabilities Education Act (IDEA): **As part of the referral process, parents receive a letter from the CCR&R office that contains a link to IDEA**
- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten):
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program):

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF): **Informational brochures are available to providers through their local CCR&R office**
- b) Head Start and Early Head Start Programs: **Informational brochures and fliers are available to providers through their local CCR&R office**
- c) Low Income Home Energy Assistance Program (LIHEAP): **Informational brochures are available to providers through their local CCR&R office**
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps): **Informational brochures are available to providers through their local CCR&R office**
- e) Women, Infants, and Children Program (WIC): **Informational brochures and fliers are available to providers through their local CCR&R office**
- f) Child and Adult Care Food Program(CACFP): **Informational brochures are available to providers through their local CCR&R office**

- g) Medicaid: **Informational brochures are available to providers through their local CCR&R office**
- h) Children's Health Insurance Program (CHIP): **Informational brochures are available to providers through their local CCR&R office**
- i) Individuals with Disabilities Education Act (IDEA): **IdahoSTARS website has a webpage for parents with a focus on children with diverse abilities. It includes information on inclusive child care, commonly asked questions about child care programs and the Americans with Disabilities Act, and information on AIM Early Idaho**
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K):
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program):

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement.
(658E(c)(2)(E)(VI))

- a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public:
Idaho offers research and child development best practices through the website, social media, informational flyers, trainings, and opportunities available through the regional CCR&R offices which includes: lending libraries, technical assistance, and community outreach.
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.):
Information on research and best practices in child care is disseminated through the IdahoSTARS website and Facebook page; flyers and brochures disseminated at community events; written materials, videos, and training is available through the CCR&R lending libraries; technical assistance and coaching opportunities are provided as a direct service to child care directors and providers by CCR&R Quality Consultants and Child Care Health Consultants; approved training with best practices embedded and research based information is presented locally by approved trainers, as well as at local and state conferences. Video cameras are available for check out through the lending libraries to assist providers in rural areas to have more frequent TA and coaching opportunities available.
- c) Describe who you partner with to make information about research and best practices in child development available:
DHW contracts with the University of Idaho and Idaho Association for the Education of Young Children to operate the IdahoSTARS project. The training component of IdahoSTARS is located at the University of Idaho and is responsible to recruit trainers who meet eligibility criteria, review all training submitted for approval to ensure it is evidence based, and develop training as needed to support child care providers in their professional

development and support providers to put indicators of Steps to Quality (Idaho's QRIS) into practice. All CCR&R agencies are required to display and distribute informational brochures on the Steps to Quality . CCR&R agencies also have guidelines on the type of information they have to provide to child care providers and families.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:
- i. Parents:
Parents who contact the CCR&R seeking a referral for child care and who request information on children's mental health may be connected with their Child Care Health Consultant and may be provided with contacts for additional information and resources. Parents may also access the IdahoSTARS Facebook page and the IdahoSTARS website for additional resources. Parents who contact their CCR&R may also receive information through flyers, brochures, and other handouts that are contained in the CCR&R resource packets. Resource packets are specific to the local communities that each region serves.
 - ii. Providers:
Training opportunities are available to providers who seek to gain information on early childhood mental health. Idaho's QRIS, Steps to Quality, has embedded Essential Training which includes specific content on this topic area, and additional lending library resources are available from their local CCR&Rs. Providers who contact their CCR&R may also receive information through flyers, brochures, and other handouts that are contained in the CCR&R resource packets. Resource packets are specific to the local communities that each region serves. Child Care Health Consultants are available statewide to assist providers with addressing questions and/or concerns that focus on early childhood mental health.
 - iii. General public:
The Parent pages of the IdahoSTARS website contains information on Aim Early Idaho and on children with disabilities, the Provider pages includes the Child Care Health Consultant information with links to early childhood mental health, the IdahoSTARS Facebook contains posts with resources and information on early childhood mental health; CCR&R staff participate in community events and disseminate information/resources using brochures, flyers, and/or handouts.

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available:

We are partnering with AIM Early Idaho to strengthen the level of knowledge and understanding of early childhood mental health for personnel who work directly with young children and/or who work closely with child care providers. Additionally, AIM Early Idaho offers training to child care providers to increase their knowledge and skills in this area of focus.

- c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

☐ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____

☒ No.

- School-age children from programs receiving child care assistance?

☐ Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link _____

☒ No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) _____ and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened _____

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays _____

☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **September 30, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Not Yet Started**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable: **A link to the Idaho IDEA Part C program and its Child Find component are included on the IdahoSTARS Child Care Health Consultant webpage. CCR&R consultants offer information on Developmental Milestones to providers while on site visits and may share information with parents during a referral for child care based on family information received.**
 - Unmet requirement - Identify the requirement(s) to be implemented **Idaho currently does not have a statewide protocol or procedure for referring families and/or providers receiving CCDF funds to developmental screening services.**
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - 1. IdahoSTARS will utilize the developmental screening brochures in collaboration with the state IDEA Part C and Section 619 partners to target child care providers and families within programs. Brochures will assist child care providers with referring families for developmental screening and assist families with determining where and how to access developmental screenings.**
 - 2. Provide and review developmental screening brochure during CCDF provider orientations (ICCP Orientations).**
 - 3. Provide technical assistance activities through the Child Care Health Consultant Program and Child Care Resource and**

Referral Consultants to support interested programs with conducting developmental screening onsite.

4. Develop webpage on the IdahoSTARS website with information and links to the Idaho EPSDT application (Early Periodic Screening, Diagnosis, and Treatment), Infant Toddler Program (Part C), and local school districts

- Projected start date for each activity: **November 2015**
- Projected end date for each activity: **September 2016**
- Agency – Who is responsible for complete implementation of this activity **DHW**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **IdahoSTARS; Idaho Infant Toddler Program (IDEA Part C) and Idaho IDEA Section 619 Coordinator; Early Childhood Coordinating Council (EC3), Head Start**

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint **A substantiated complaint is one that is determined valid by the observation or collection of competent evidence.**
- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) **Complaint records are held both electronically and in hard copy (some districts).**
- c) How does the State/Territory make substantiated parental complaints available to the public on request **Substantiated parental complaints are made available by the public health districts or IDHW upon request in accordance with Idaho's Public Records Law, Idaho Code 74-101 through 74-126.**
- d) Describe how the State/Territory defines and maintains complaints from others about providers **Complaints from others are maintained in the same manner as complaints from parents.**

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- ☒ Application in other languages (application document, brochures, provider notices)
- ☒ Informational materials in non-English languages
- ☒ Training and technical assistance in non-English languages

- ☐ Website in non-English languages **DHW's website is in both English and Spanish; IdahoSTARS has some information available in Spanish**
- ☒ Lead Agency accepts applications at local community-based locations
- ☐ Bilingual caseworkers or translators available
- ☒ Bilingual outreach workers
- ☒ Partnerships with community-based organizations
- ☐ Other _____
- ☐ None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages: **IdahoSTARS offers most services and informational material in both English and Spanish. IdahoSTARS partners with META's Nino Program, (Micro Enterprise Training and Assistance), which supports refugee businesses with a focus on refugee child care. This partnership provides training with translators for all languages for the participating refugees.**

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities: **As a part of the States Early Childhood Coordinating Council, Child Care outreach and education services are shared across systems for which the Idaho Council on Developmental Disabilities is present as well as representation from the Idaho School for the Deaf and Blind, the Department of Education 619 Coordinator, and the University of Idaho's Center on Disabilities and Human Development.**

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website [redacted] and describe how the consumer education website meets the requirements to:

- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe [redacted]
- b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe [redacted]
- c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe [redacted]
- d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe [redacted]
- e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe:

☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) **Overall Target – September 30, 2016**
Posting monitoring results - November 19, 2017
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) **In Progress**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable:

The IdahoSTARS website is consumer friendly based on the following:
- Multiple ways parents can search for child care for example: Steps To Quality participation and step attained (parents can use online

referral database as well as a map with participating programs identified by area)

- Support services are visible on every page (connect to 211 for additional assistance)
- Mobile-friendly
- Strive to meet accessibility standards

○ Unmet Requirement(s) – Identify the requirement(s) to be implemented

- a) provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations)
- b) a description of health and safety requirements and licensing or regulatory requirements for child care providers
- c) description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers
- d) annual aggregate information about the number of deaths, number of serious injuries as defined by the State and the number of incidences of substantiated child abuse in child care settings

○ Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW conducted an analysis of the Day Care Concern Tracker with the Sharepoint development managers, and it was determined that Sharepoint would not be a good fit for the types of functions required by the complaint system, and mandated in the CCDBG reauthorization. At the same time, it was announced that our IT Department would no longer be able to support the system that currently operates the Day Care Concern Tracker, Remedy. Understanding that Remedy will no longer be supported, and now with the additional support of having Child Care Licensing in the same division as the Child Care Program, we have begun the exploratory phase of developing a new Child Care Complaint Tracker, which informs Idaho's creation of consumer education website. A detailed analysis of the complaint system's current capabilities and future requirements has been completed by both the Licensing and Child Care Specialists. Currently Licensing, Child Care, and the IT Department are working in partnership to prepare a plan for the development and implementation of a completely new system for child care complaints in Idaho,

with initial phases of implementation of the new system anticipated in Fall 2016.

- Projected start date for each activity **June 2015**
- Projected end date for each activity **September 2016**
- Agency – Who is responsible for complete implementation of this activity **DHW**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **University of Idaho, Idaho AEYC, Regional Health Districts, and DHW will partner to ensure completion**

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families’ work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family’s assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from **0 weeks** (weeks/months/years) to **12** years (through age 12).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B)), 658P(3))

☒ Yes, and the upper age is **the month of their eighteenth birthday** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity:
Physical or mental incapacity is defined as: "physically or mentally incapable of self-care, as verified by a licensed mental health professional or licensed practitioner of the healing arts." (IDAPA: 16.06.12.105.03.)

☐ No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

☒ Yes, and the upper age is **the month of their eighteenth birthday** (may not equal or exceed age 19)

☐ No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with –**Child Custody: A child may move from one (1) parent's home to the other parent's home on a regular basis. The child may be a member of either household, but not both households. If the parents cannot agree on the child's household for the child care benefit, the child is included in the household with primary custody. Primary custody is determined by where the child is expected to spend fifty-one percent (51%) or more of the nights during a benefit period. When only one (1) parent applies for ICCP benefits, the child may be included in that parent's household even though they do not have primary physical custody of the child. (IDAPA: 16.06.12.105.04)**

b) in loco parentis – **In Loco Parentis: Acting "in loco parentis" means a person who acts in place of a parent, assuming care and custody of a child by a formal or informal agreement with the child's parent. (IDAPA: 16.06.12.010.14)**

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- Working: **Employment: A job paying wages or salary at federal or state minimum wage, whichever is applicable, including work paid by commission or in-kind compensation. Full or part-time participation in a VISTA or AmeriCorps program is also employment. (IDAPA: 16.06.12.010.08)**
- Attending job training **Job Training and Education Program: A program designed to provide job training or education. Programs may include high school, junior college, community college, college or university, general equivalency diploma (GED), technical school, and vocational programs. To qualify as a Job Training and Education Program, the program must prepare the trainee for employment. (IDAPA: 16.06.12.010.16.)**
- Attending education **Job Training and Education Program: A program designed to provide job training or education. Programs may include high school, junior college, community college, college or university, general equivalency diploma (GED), technical school, and vocational programs. To qualify as a Job Training and Education Program, the program must prepare the trainee for employment. (IDAPA: 16.06.12.010.16.)**

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☒ Yes.

☐ No. If no, describe additional requirements _____

c) Does the Lead Agency provide child care to children in protective services?

☒ Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – **Foster Care. The twenty-four (24) hour substitute care of children provided in a state licensed foster home by persons who may or may not be related to a child. Foster care is provided in lieu of parental care and is arranged through a private or public agency. (16.06.12.010.09.)**

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

☒ Yes.

☐ No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

☐ No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income – **Earned Income. Income received by a person as wages, tips, or self-employment income before deductions for taxes or any other purposes. (IDAPA: 16.06.12.07.010)**

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here ☐. Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum “Entry” Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum “Exit” Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$3513	\$2986	\$1726	49%	\$1726	49%
3	\$4340	\$3689	\$2177	50%	\$2177	50%
4	\$5166	\$4391	\$2628	50%	\$2628	50%
5	\$5993	\$5094	\$3078	51%	\$3078	51%

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm>.

c) SMI Source and year:

The Low-Income Home Energy Assistance Program Announces the State Median Income Estimates for Federal Fiscal Year 2016:

<https://www.federalregister.gov/articles/2015/06/10/2015-14187/the-low-income-home-energy-assistance-program-announces-the-state-median-income-estimates-for>

d) These eligibility limits in column (c) became or will become effective on **October 1, 2015**

e) Provide the link to the income eligibility limits

<http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/Applyforservices/Whoiseligible/tabid/1556/Default.aspx>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called an “exit threshold”) or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory’s policy regarding graduated phase-out of assistance.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) and describe the policies and procedures for graduated phase-out _____
- ☒ Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016)
September 30, 2016
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other): **Not Yet Started**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented: **Idaho currently does not have a graduated phase out rule or process to assist families whose income has increased at the time of redetermination.**

- Tasks/Activities – What steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - **DHW has drafted language to support rule and process changes to implement a graduated phase out for ICCP families. (Fall 2015).**
 - **DHW will be building the Graduated Phase Out rule into automation for eligibility for child care assistance. (Spring 2016- complete August 2016).**
 - **DHW will be creating new notices for families to reflect the updated requirements. (Spring 2016- complete August 2016).**
- Projected start date for each activity **See Above**
- Projected end date for each activity **September 2016**
- Agency – Who is responsible for complete implementation of this activity **DHW**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **DHW is responsible for full implementation of this requirement.**

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement
- ☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses

and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016): **September 30, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially Implemented**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable: **DHW can use the household income received over a longer period to anticipate income. If income changes seasonally, the Department can use the household income from the last season, comparable to the certification period, to anticipate income. (IDAPA: 16.06.12.075)**
 - Unmet requirement - Identify the requirement(s) to be implemented **Idaho is currently developing a plan for families who exceed 85% SMI.**
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **DHW is developing rule changes and policy updates to reflect the new requirements around fluctuations in earnings. This will require legislative rule change as well as updated notice language to families, and automation work within the eligibility program.**
 - Projected start date for each activity **Spring 2016**
 - Projected end date for each activity **September 2016**
 - Agency – Who is responsible for complete implementation of this activity: **DHW**
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity: **DHW is responsible for this entire requirement.**

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

- ☒ Applicant identity. Describe: **For all benefits programs, identity verification is required only once, unless later information raises a question about the individual’s identity. Idaho has an automated verification system that is used by SNAP and Medicaid program workers called e-Verif I. This system interfaces with other systems such as vital statistics, Social Security, Dept. of Labor, Child Support, and other automated systems that is used to verify income and identity of all family members. (Benefits Process Manual: “Verifying Identity)**
- ☒ Applicant’s relationship to the child. Describe: **Household declaration on the application or with information in other benefit systems.**

- ☒ Child's information for determining eligibility (e.g., identity, age, etc.). Describe: **For all benefits programs, identity verification is required only once, unless later information raises a question about the individual's identity. Idaho has an automated verification system that is used by SNAP and Medicaid program workers called e-Verif I. This system interfaces with other systems such as vital statistics, Social Security, Dept. of Labor, Child Support, and other automated systems that is used to verify income and identity of all family members. (Benefits Process Manual: "Verifying Identity")**
- ☒ Work. Describe: **Qualifying activities are verified with a school schedule, training schedule, and/or most recent 30 days of wages and working hours. Activities are verified every 6 months with scanned copies of all verifications stored in eCase.**
- ☒ Job training or Educational program. Describe: **Qualifying activities are verified with a school schedule, training schedule, and/or most recent 30 days of wages and working hours. Activities are verified every 6 months with scanned copies of all verifications stored in eCase.**
- ☒ Family income. Describe: **Family income is verified with most recent pay records and/or wage stubs, work verification forms completed by the employer, employer statements verifying income, collateral contacts, self-employment documents such as tax returns, and/or the Work Number. Income is verified every 6 months with scanned copies of all verifications stored in eCase.**
- ☒ Household composition. Describe: **Household declaration on the application or with information in other benefit systems.**
- ☒ Applicant residence. Describe: **Household declaration on the application or with information in other benefit systems.**
- ☐ Other. Describe _____

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- ☒ Time limit for making eligibility determinations. Describe length of time: **30 days maximum**

☒ Track and monitor the eligibility determination process

☐ Other. Describe _____

☐ None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency **Idaho Department of Health and Welfare**

b) Provide the following definitions established by the TANF agency.

- "appropriate child care": **Appropriate child care is not available within a reasonable distance from the participant's home or work site. (IDAPA: 16.03.08.163)**
- "reasonable distance": **Appropriate child care is not available within a reasonable distance from the participant's home or work site. (IDAPA: 16.03.08.163)**
- "unsuitability of informal child care": **Informal child care by relatives or others is not available or is unsuitable. (IDAPA: 16.03.08.163)**
- "affordable child care arrangements": **Not defined.**

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

☒ In writing

☒ Verbally

☐ Other. Describe _____

☐ List the citation to this TANF policy _

<http://adminrules.idaho.gov/rules/current/16/0308.pdf>

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

☒ Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

- a. Provide definition of “Children with special needs”: **Special Needs. Any child with physical, mental, emotional, behavioral disabilities, or developmental delays identified on an Individual Education Plan (IEP) or an Individualized Family Service Plan (IFSP). (IDAPA: 16.06.12.011.10.)**

and describe how services are prioritized: **Children with a verified special need may qualify for in-home care (care provided in their home), and may remain eligible for child care subsidies until the month of their eighteenth birthday. (IDAPA: 16.06.12.105.03 and 16.06.12400.02.c.)**

- b. Provide definition of “Families with very low incomes”: **Families with very low incomes are families participating with Temporary Assistance for Families in Idaho (TAFI).**
and describe how services are prioritized: **Participation with the Temporary Assistance for Families in Idaho (TAFI) program is a qualifying activity. TAFI families are not required to pay a copay; they receive the entire Local Market Rate for which they are eligible.**
- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) **Participation with the Temporary Assistance for Families in Idaho (TAFI) program is a qualifying activity. TAFI families are not required to pay a copay; they receive the entire Local Market Rate for which they are eligible.**

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most

vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(I)(i)(II)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.
Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements _____
- b. Procedures to conduct outreach to homeless families to improve access to child care services _____
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services _____

☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **September 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other): **Partially Implemented**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable **DHW has fully implemented the components required for foster children. Rule and Processes within DHW are current and functioning for child care assistance to children in foster care.**
 - Unmet requirement - Identify the requirement(s) to be implemented **DHW has not implemented a statewide process and procedures for ensuring access to child care assistance for homeless children.**
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **DHW is working to create the process for accessing child care assistance and the procedures for communication, both internal and external to staff and partners for how homeless families seek, access and obtain child care services. Agreements with Coordinating Agencies will be developed.**
 - Projected start date for each activity **April 2016**
 - Projected end date for each activity **September 2016**
 - Agency – Who is responsible for complete implementation of this activity **DHW**
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity: **DHW will be partnering with IdahoSTARS, the Idaho After School Network, Dept. of Education Homeless Coordinators, and the McKinney-Vento Coordinators.**

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State’s income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination _____

☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **September 2016**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Not Yet Started**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date _____
 - Unmet requirement - Identify the requirement(s) to be implemented **DHW has not established 12 month eligibility and redetermination policies and procedures for Child Care Assistance.**
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - **DHW is developing language to support rule and process changes to implement a 12 month eligibility for ICCP families. (Fall 2015).**
 - **DHW will be building the 12 month eligibility rule into automation for eligibility for child care assistance. (Spring 2016- complete August 2016).**
 - **DHW will be creating new notices for families to reflect the updated requirements. (Spring 2016- complete August 2016).**
 - Projected start date for each activity **See Above**
 - Projected end date for each activity **See Above**

- Agency – Who is responsible for complete implementation of this activity **DHW**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **DHW is responsible for this requirement.**

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

- ☒ Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program **ONLY**. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs:

DHW is still developing rules and policies around 12 month eligibility. Families will no longer receive assistance after three consecutive months without a qualifying activity. Families that indicate that they will not seek to continue work, school, or training will not receive child care subsidies after three months without a qualifying activity. For example, if an individual reports they are no longer attending work, school or training and are choosing to stay home to care for their children, the case will be closed and assistance will no longer be provided.

- ☐ No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families

receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

- ☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment:

When families report changes, staff make every effort to prevent further disruption to the client's work or school by seeking supporting verifications through all available avenues prior to requesting additional paperwork. For example, staff may access the Work Number website, or make a collateral call to an employer to verify client employment information without requesting additional paperwork. If additional information, reevaluations, or applications are necessary to maintain eligibility clients are promptly notified and allowed 10 full days to provide the information and may submit it via mail, fax, e-mail, or in-person drop off. Some information may also be reported online through our IdaLink website.

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

- 3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here ☐ and describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$0	\$20 per child for Families with Part Time Qualifying Activities \$40 per child for Families with Full Time Qualifying Activities \$75 per child for Part Time Post-Secondary Students with No Income \$150 per child for Full Time Post-Secondary Students with No Income		\$1726	\$75 per child for Families with Part Time Qualifying Activities \$150 per child for Families with Full Time Qualifying Activities	8.6% for Families with Part Time Qualifying Activities 17.3% for Families with Full Time Qualifying Activities
3	\$0	\$20 per child for Families with Part Time Qualifying Activities \$40 per child for Families with Full Time Qualifying Activities \$75 per child for Part Time Post-Secondary Students with No Income \$150 per child for Full Time Post-Secondary Students with No Income		\$2177	\$75 per child for Families with Part Time Qualifying Activities \$150 per child for Families with Full Time Qualifying Activities	10.3% for Families with Part Time Qualifying Activities 20.6% for Families with Full Time Qualifying Activities
4	\$0	\$20 per child for Families with Part Time Qualifying Activities \$40 per child for Families with Full Time Qualifying Activities \$75 per child for Part Time Post-Secondary Students with No Income \$150 per child for Full Time Post-Secondary Students with No Income		\$2628	\$75 per child for Families with Part Time Qualifying Activities \$150 per child for Families with Full Time Qualifying Activities	11.4% for Families with Part Time Qualifying Activities 22.8% for Families with Full Time Qualifying Activities
5	\$0	\$20 per child for Families with Part Time Qualifying Activities \$40 per child for Families with Full Time Qualifying Activities \$75 per child for Part Time Post-Secondary Students with No Income		\$3078	\$75 per child for Families with Part Time Qualifying Activities \$150 per child for Families with Full Time Qualifying Activities	12.18% for Families with Part Time Qualifying Activities 24.3% for Families with Full Time Qualifying Activities

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
		\$150 per child for Full Time Post-Secondary Students with No Income			Time Qualifying Activities	Families with Full Time Qualifying Activities

a) What is the effective date of the sliding fee scale(s)? **October 1, 2015**

b) Provide the link to the sliding fee scale:

<http://healthandwelfare.idaho.gov/Portals/0/FoodCashAssistance/CashAssistance/ICCPCoPayChart.pdf>

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

☒ Fee is a dollar amount and

☒ Fee is per child with the same fee for each child

☐ Fee is per child and discounted fee for two or more children

☐ Fee is per child up to a maximum per family

☐ No additional fee charged after certain number of children

☐ Fee is per family

☐ Fee is a percent of income and

☐ Fee is per child with the same percentage applied for each child

☐ Fee is per child and discounted percentage applied for two or more children

☐ Fee is per child up to a maximum per family

☐ No additional percentage applied charged after certain number of children

☐ Fee is per family

☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____

☐ Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

☒ Yes, and describe those additional factors using the checkboxes below.

☐ Number of hours the child is in care

☐ Lower copayments for higher quality of care as defined by the State/Territory

☒ Other. Describe other factors: **Calculating Family Payment. Family income and activity for the month of the child care will determine the family share of child care costs. The payment made by the Department will be the allowable local market rate or billed costs, whichever is lower, less the co-payment. (IDAPA: 16.06.12.502.02)**

☐ No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

☐ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$_____.

☒ No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

☐ Limits the maximum co-payment per family. Describe _____

☐ Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe _____

☐ Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe _____

☐ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe _____

☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe:

☒ Other. Describe: **One-Time Registration Fees. One-time fees for registering a child in a child care facility are payable above the local market rate, if the fee is charged to all who enroll in the facility. Fees may not exceed usual and customary rates charged to all families. Registration fees are separate from local market rates. (IDAPA: 16.06.12.500.03)**

4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and

conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

- 4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)):

DHW conducts 'Informed Choice Interviews' with families who come into local offices to apply for services. During these interviews, families are provided information that they can use to make decisions regarding services. For child care specifically, families are referred to IdahoSTARS to search for an ICCP provider.

Eligible parents may choose among the following types of child care providers available under ICCP:

01. Child Care Center. A child care center cares for thirteen (13) or more children.

02. Group Child Care. Group child care is for seven (7) to twelve (12) children.

03. Family Child Care. Family child care is for six (6) or fewer children.

04. Relative Child Care. Relative child care is for six (6) or fewer related children.

05. In-Home Child Care. In-home child care is provided by a relative or non-relative in the home of the child. Eligibility for in-home child care is determined in accordance with Section 400 of Rules Governing the Idaho Child Care Program. (IDAPA: 16.06.12.101)

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) Check all that apply.

- ☐ Certificate form provides information about the choice of providers, including high quality providers
- ☒ Certificate is not linked to a specific provider so parents can choose provider of choice
- ☒ Consumer education materials on choosing child care
- ☒ Referral to child care resource and referral agencies
- ☐ Co-located resource and referral in eligibility offices
- ☐ Verbal communication at the time of application
- ☐ Community outreach, workshops or other in-person activities
- ☐ Other. Describe

4.1.3 Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1))) **Note:** Do not check “yes” if every provider is simply required to sign an agreement in order to be paid in the certificate program.

- ☐ Yes. If yes, **describe:**
 - the type(s) of child care services available through grants or contracts _____
 - the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____
 - the process for accessing grants or contracts _____
 - the range of providers available through grants or contracts _____
 - how rates for contracted slots are set through grants and contracts _____
 - how the State/Territory determines which entities to contract with for increasing supply and/or improving quality _____
 - if contracts are offered statewide and/or locally _____
- ☒ No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

- ☐ Increase the supply of specific types of care with grants or contracts for:

-
- ☐ Programs to serve children with disabilities
 - ☐ Programs to serve infants and toddlers
 - ☐ Programs to serve school-age children
 - ☐ Programs to serve children needing non-traditional hour care
 - ☐ Programs to serve homeless children
 - ☐ Programs to serve children in underserved areas
 - ☐ Programs that serve children with diverse linguistic or cultural backgrounds
 - ☐ Programs that serve specific geographic areas
 - ☐ Urban
 - ☐ Rural
 - ☐ Other. Describe _____
- ☐ Improve the quality of child care programs with grants or contracts for:
- ☐ Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
 - ☐ Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
 - ☐ Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
 - ☐ Programs to serve children with disabilities or special needs
 - ☐ Programs to serve infants and toddlers
 - ☐ Programs to serve school-age children
 - ☐ Programs to serve children needing non-traditional hour care
 - ☐ Programs to serve homeless children
 - ☐ Programs to serve children in underserved areas
 - ☐ Programs that serve children with diverse linguistic or cultural backgrounds
 - ☐ Programs that serve specific geographic areas
 - ☐ Urban
 - ☐ Rural
 - ☐ Other. Describe _____

- 4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

PARENT OR CARETAKER ACCESS TO CHILD CARE PREMISES. Providers serving families who receive a child care subsidy shall allow parents or caretakers unlimited access to their children and to persons giving care, except that access to children will not be required if prohibited by court order. (IDAPA: 16.06.12.807.)

All ICCP participating child care providers must agree to and initial the following statement on their Idaho Child Care Program Provider Agreement:

Section B, Item 9:

Unlimited Access to Premises— I and any other provider or individual living in my home or providing care at my facility will allow parents and guardians unlimited access to their child(ren) at all times when care is occurring. If a parent or guardian has been granted limited or has been denied visitation rights by a court of competent jurisdiction, and the daycare operator has written documentation from the court “UNLIMITED ACCESS TO PREMISES” does not confer a right to visitation upon that parent or guardian.

- 4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

☒ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

☒ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe

REQUIREMENTS FOR IN-HOME CARE UNDER ICCP. Parents must contact the Department to request approval of in-home child care. Only parents who have qualified activities outside their home will be considered for in-home care approval. The Department limits the approval of all in-home child care under ICCP to the following circumstances:

01. Three or More Children in the Home. There are three (3) or more ICCP eligible children in the home who are not in school at any time during the day and require child care. (IDAPA: 16.06.12.400.01.)

☒ Restricted based on provider meeting a minimum age requirement. Describe _____

Age of Provider. All child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. (IDAPA: 16.06.12.0802.01.)

☒ Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe

REQUIREMENTS FOR IN-HOME CARE UNDER ICCP. Parents must contact the Department to request approval of in-home child care. Only parents who have qualified activities outside their home will be considered for in-home care approval.

The Department limits the approval of all in-home child care under ICCP to the following circumstances:

02. Fewer Than Three Children in the Home. If there are fewer than three (3) children in the home who are eligible for ICCP and require child care, in-home care will be approved by the Department only when one (1) of the following special circumstances are met:

a. Parents' qualifying activity occurs during times when out-of-home care is not available. If child care is needed during any period when out-of-home care is not available, in-home care will be approved for the entire time care is needed. A family is not expected to change between out-of-home and in-home care.

b. The family lives in an area where out-of-home care is not available. (IDAPA: 16.06.12.400.02.a.-b.)

☐ Restricted to care by relatives. Describe _____

☒ Restricted to care for children with special needs or medical condition. Describe _____

REQUIREMENTS FOR IN-HOME CARE UNDER ICCP. Parents must contact the Department to request approval of in-home child care. Only parents who have qualified activities outside their home will be considered for in-home care approval. The Department limits the approval of all in-home child care under ICCP to the following circumstances:

02. Fewer Than Three Children in the Home. If there are fewer than three (3) children in the home who are eligible for ICCP and require child care, in-home care will be approved by the Department only when one (1) of the following special circumstances are met:

c. A child has a verified illness or disability that would place the child or other children in an out-of-home facility at risk (IDAPA: 16.06.12.400.02.c.)

☒ Restricted to in-home providers that meet some basic health and safety requirements. Describe _____

401. IN-HOME CARE HEALTH AND SAFETY REQUIREMENTS. Each in-home care provider is responsible to ensure that health and safety requirements are met for children being cared for in the children's own home.

01. Health and Safety Inspections. In-home health and safety inspections, described in Section 802 of these rules, are not required for in-home care providers caring for children in the children's own home.

02. Health and Safety Training. Because in-home care providers are exempt from health and safety inspections, each in-home care provider must complete health and safety training provided by the local Health District covering requirements listed in Section 802 of these rules. (IDAPA: 16.06.12.401.01.-02.)

☐ Other. Describe _____

☐ No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- ☒ MRS
- ☐ Alternative Methodology. Describe _____
- ☐ Both. Describe _____
- ☐ Other. Describe _____

-
- 4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology. **On two different occasions in 2015 the Idaho Child Care Program Advisory Panel members were provided presentations on the process, status and initial and final results of the Market Rate Survey. Members were given the opportunity to review the recommendations, ask questions and provide comments. The final Market Rate Survey was completed in June 2015 and is published on the child care page of Idaho Department of Health and Welfare website.**
- 4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

The market rate data were obtained from IdahoSTARS, the agency responsible for the state's Child Care Resource and Referral System. Provider data are maintained by IdahoSTARS using NACCRRAware, database software that generates child care referrals and reports and manages provider, client, and community data. Provider data were downloaded via text files and uploaded into Excel spreadsheets. The providers included in the analysis were required to be active and located in the state of Idaho, and the type of care provided was limited to child care centers, group care, and family care. In addition to basic information about the provider, the downloaded data included capacity and both full-time and part-time rates for five age groups: 0 – 12 months, 12 – 30 months, 30 – 60 months, 5 – 6 years, and 6 – 12 years. Providers were able to supply their rates in one or more of four modes: monthly, weekly, daily, and hourly rates. In order to perform the market rate analysis on consistent rate data, all rates (full- and part-time) were converted to monthly rate equivalents using standard conversion factors. (2015 Idaho Child Care Market Rate Analysis)

- 4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:
- a) Geographic area (e.g., statewide or local markets) **To evaluate the market structure, three geographic levels were examined -- zip code, county, and region – as the basic unit for the analysis, and county was selected as the unit that best allowed differentiation between units without a large number of units with missing information. Following methodology used by several other states in their market rate analyses, principal components analysis and cluster analysis were performed to divide counties into groups so that the counties within a group had similar rate structures while counties in different groups had differing rate structures. These analyses**

resulted in identifying three groups of counties. (2015 Idaho Child Care Market Rate Analysis)

b) Type of provider: Multivariate analyses of variance were also performed to compare rates between licensed and exempt family care facilities and between provider types; these analyses showed no significant differences in rates between licensed and exempt family care facilities and no significant differences in rates between family and group care facilities. As a result, the provider types were divided into two groups for the market rate analysis: child care centers, and all group and family care facilities. (2015 Idaho Child Care Market Rate Analysis)

c) Age of child: With respect to age, children are divided into five categories in the IdahoSTARS database: 0 – 12 months, 13 through 30 months, 31 through 60 month, 5 through 6 years, and 6 through 12 years. These categories do not exactly align with the age groups used in provider licensing, and it is not possible to do any modifications to the age categories other than to combine the categories available in the Idaho STARS database. Within each of the age categories, rates are collected by IdahoSTARS for two “usage” categories: full-time and part-time. Some states collect rate data for school-age children for both school-year and summer/holiday periods, but the IdahoSTARS database does not collect separate data for the two periods (although a few providers have indicated summer rates using either multiple shifts or in a “Notes” field. As a result, the age and usage two-variable categorization scheme results in ten categories based. The market rate structure analysis will incorporate these ten categories, and the market rate analysis will provide percentiles for each of these ten categories. (2015 Idaho Child Care Market Rate Analysis)

d) Describe any other key variations examined by the market rate survey, such as quality level_____

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016): **Final Approval December 16, 2015**

b) Date report containing results was made widely available, no later than 30 days after the completion of the report: **Report published January 6, 2015**

c) How the report containing results was made widely available and provide the link where the report is posted if available: **The Idaho Child Care Market Rate Analysis is published on the Idaho Child Care Program website:**
<http://healthandwelfare.idaho.gov/Portals/0/FoodCashAssistance/ICCPMarketRateReport2015.pdf>

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here ☐. Describe how many jurisdictions set their own payment rates_____.

- a) Infant (6 months), full-time licensed center care in most populous geographic region
 - Rate \$**695.72** per **MONTH** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **65th**
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
 - Rate \$**618.26** per **MONTH** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **65th**
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
 - Rate \$**684.30** per **MONTH** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **65th**
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
 - Rate \$**588.32** per **MONTH** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **65th**
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
 - Rate \$**622.54** per **MONTH** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **65th**
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
 - Rate \$**554.74** per **MONTH** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **65th**
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
 - Rate \$**433.74** per **MONTH** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **65th**

- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
 - Rate \$487.67 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 65th
- i) Describe the calculation/definition of full-time care

Determining Part Time/Full Time Hours: When a household consists of two adults, the ICCP system places the household in a category based on the parent with the least number of hours. For example, if one adult is considered part time and the other is considered full time, the ICCP system places the entire household in a part time category. The following is considered when determining part time or full time activities:

Multiple Activities (excluding education)

Add activity hours in a given week to include three hours of travel time.

-If total weekly hours exceed 25 or more, child is eligible for FULL TIME.

-If total weekly hours are 24 or less, child is eligible for PART TIME.

Single Activity

When only one activity exists per adult, weekly hours are determined to include three hours of travel time.

-If total weekly hours exceed 25 or more, child is eligible for FULL TIME.

-If total weekly hours are 24 or less, child is eligible for PART TIME.

(Benefits Process Manual: CCPC- Qualifying Activity Hours)

- j) Provide the effective date of the payment rates: **October 1, 2016**
- k) Provide the link to the payment rates:
<http://healthandwelfare.idaho.gov/Portals/0/FoodCashAssistance/ICCPMarketRateReport2015.pdf>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- ☐ Tiered rate/rate add-on for non-traditional hours. Describe _____
- ☐ Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe
- ☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe
- ☐ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe
- ☐ Tiered rate/rate add-on for programs serving homeless children. Describe
- ☐ Other tiered rate/rate add-on beyond the base rate. Describe
- ☒ None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology:

As of October 1, 2016 Local Market Rates will be set at the 65th percentile of the 2015 Idaho Child Care Market Rate Analysis. The 65th percentile was selected based on the State's budgetary limitations.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

DHW market rate survey is based on provider information updates which are conducted quarterly, by regional CCRC staff. The rates used in determining the proposed rate structure include rates charged by providers considered to be high quality. Idaho has not established tiered reimbursement at this current time, due to funding limitations.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

-
- ☐ Payment rates are set at the 75th percentile or higher of the most recent survey.
Describe
 - ☐ Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
 - ☐ Rates based on data on the cost to the provider of providing care meeting certain standards. Describe
 - ☐ Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile.
Describe
 - ☐ Data on the proportion of children receiving subsidy being served by high-quality providers. Describe
 - ☐ Data on where children are being served showing access to the full range of providers.
Describe
 - ☐ Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe
 - ☐ Feedback from parents, including parent survey or parent complaints. Describe
 - ☒ Other. Describe: **Supply and demand data for child care services in local areas/regions is collected by CCR&R Resource Specialists during the referral process, documented in the NDS database and recorded on the Monthly Monitor Report.**
CCR&R staff engage in collaboration and partnerships with public and private community agencies, councils, faith and community-based child care providers to increase the supply and quality of child care services in Idaho. CCR&R staff disseminates information on quality child care during family-centered community events, and participate in regional communities as members of local committees and councils to increase the quality and supply of child care services in every region.

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- ☒ Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access: **Supply and demand data for child care services in local areas/regions is collected by CCR&R Resource Specialists during the referral process, documented in the NDS database and recorded on the Monthly Monitor Report.**

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

- ☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency ...

- ☐ Pays prospectively prior to the delivery of services. Describe
- ☒ Pays within no more than 21 days of billing for services. Describe: **Payments are issued directly to eligible providers (via check or direct deposit), on the first business day of the month following the month when care was provided. For example, payment for care provided in September payment would be made on the first business day of October. (PAYH in Child Care System)**
- ☒ Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory’s definition of occasional absences

If child care arrangements would otherwise be lost, child care may be paid under the following conditions:

01. Break in Employment or Education. During a break in employment or education of one (1) month or less.

02. Children Temporarily Out of the Home. While children are temporarily away from the home for a period of one (1) month or less. (IDAPA: 16.06.12.504)

- ☒ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe:

If child care arrangements would otherwise be lost, child care may be paid under the following conditions:

01. Break in Employment or Education. During a break in employment or education of one (1) month or less.

02. Children Temporarily Out of the Home. While children are temporarily away from the home for a period of one (1) month or less. (IDAPA: 16.06.12.504)

- ☒ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe:

If child care arrangements would otherwise be lost, child care may be paid under the following conditions:

01. Break in Employment or Education. During a break in employment or education of one (1) month or less.

02. Children Temporarily Out of the Home. While children are temporarily away from the home for a period of one (1) month or less. (IDAPA: 16.06.12.504)

- ☒ Pays on a full-time or part-time basis (rather than smaller increments such as hourly):
Activity Hours. Activity hours are projected for each month to determine if payment is made on a full-time or part-time basis. Past activity hours may be used to project future activity hours if the employer and number of hours worked are the same and are expected to remain the same throughout the certification period. Hours for each qualifying activity must be projected individually and converted to a monthly amount. (IDAPA: 16.06.12.201)

- ☒ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) **One-Time Registration Fees. One-time fees for registering a child in a child care facility are payable above the local market rate, if the fee is charged to all who enroll in the facility. Fees may not exceed usual and customary rates charged to all families. Registration fees are separate from local market rates. (IDAPA: 16.06.12.500.03)**

- ☒ Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

- ☒ Has a timely appeal and resolution process for payment inaccuracies and disputes.
Describe: **Clients have 30 days from the date of the decision to request a Fair Hearing.**

Fair Hearing Officers review and responds to all requests within 5 calendar days of the "Fair Hearing Requested" task being set. They communicate the status of reinstatement/continuance of benefits pending the hearing result to the customer within 5 calendar days of the "Fair Hearing Requested" task being set. Then work with the client to coordinate and manage all aspects of a fair hearing to completion. (Benefits Process Manual: "Fair Hearing Process")

☐ Other. Describe

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

☐ Policy on length of time for making payments. Describe length of time

☐ Track and monitor the payment process

☒ Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe:

DHW provides all child care providers the opportunity to enroll in direct deposit when applying to become a ICCP provider.

☐ Other. Describe

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

☐ Yes. Describe data sources _____

☒ No. If no, how does the State/Territory determine most critical supply needs?

Unmet needs that are identified during the referral process are problem solved on a local level and reported on the CCR&R quarterly monitor report.

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

☐ Grants and contracts (as discussed in 4.1.3)

☐ Family child care networks

☒ Start-up funding

☒ Technical assistance support

- ☒ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☒ Other. Describe: **Enhanced Referrals for families who are experiencing difficulty with finding care for their infant/toddler that meets their families' needs.**

b) Children with disabilities (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☒ Start-up funding
- ☒ Technical assistance support
- ☒ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☒ Other. Describe: **Enhanced Referrals provided for families seeking care for children (child) with disabilities/diverse abilities.**

c) Children who receive care during non-traditional hours (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☒ Start-up funding
- ☒ Technical assistance support
- ☒ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☒ Other. Describe: **Enhanced Referrals provided for families seeking child care and have been unable to locate care during the hours and days needed.**

d) Homeless children (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)

☐ Other. Describe

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe: **Idaho currently has the ability to serve every family who applies and is deemed eligible for child care assistance throughout all areas of the State. Idaho's Child Care Resource Centers are present in all seven regions throughout the State, and specifically target the promotion of high quality care to families as well as provide technical assistance and coaching to providers.**

CCRC's provide access to all providers, resources pertaining to professional development and developmentally appropriate curriculum that can be rotated in and out of programs, depending on the need and focus area of the provider.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

- 5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care:

301. TYPES OF DAYCARE LICENSES. Subject to meeting all requirements under Title 39, Chapter 11, Idaho Code, and the rules and minimum standards in this chapter, the Department will determine the type of daycare license required by an owner or operator providing daycare by counting each child in attendance, regardless of relationship to the person or persons providing the care. The following types of daycare licenses may be issued by the Department.

01. Daycare Center License. A daycare center license is issued for a place or facility providing daycare, where thirteen (13) or more children, regardless of relationship to the person or persons providing the care, are in attendance.

02. Group Daycare Facility. A group daycare facility license is issued for a place or facility providing daycare, where seven (7) to twelve (12) children, regardless of relationship to the person or persons providing the care, are in attendance.

03. Family Daycare Home. A family daycare home is not required to be licensed. However, a family daycare home may voluntarily elect to be licensed by the Department.
(IDAPA: 16.06.02.301)

- 5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

☒ Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers:

All providers, including license exempt providers, who participate with the Idaho Child Care Program must complete and pass a Criminal History and Background Check prior to becoming eligible for payment. In addition all providers, including license exempt providers but excluding in-home providers, must complete and pass an inspection of the facility. In-home providers must complete an annual health and safety training that covers all topics addressed in the inspections of licensed facilities. Related rule and policy follows:

802. HEALTH AND SAFETY REQUIREMENTS

All providers must comply with the health and safety requirements listed in Subsections 802.01 through 802.10 of this rule. All providers must agree to a health and safety inspection, with the exception of in-home child care described in Section 401 of these rules. Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law.

01. Age of Provider. All child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old.

02. Sanitary Food Preparation. Food for use in child care facilities must be prepared and served in a sanitary manner. Utensils and food preparation surfaces must be cleaned and sanitized before using to prevent contamination.

-
03. Food Storage. All food served in child care facilities must be stored to protect it from potential contamination.
04. Hazardous Substances. Medicines, cleaning supplies, and other hazardous substances must be stored out of the reach of children.
05. Emergency Communication. A telephone or some type of emergency communication system is required.
06. Smoke Detectors, Fire Extinguishers, and Exits. A properly installed and operational smoke detector must be on the premises where child care occurs. Adequate fire extinguishers and fire exits must be available on the premises.
07. Hand Washing. Each provider must wash his hands with soap and water at regular intervals, including before feeding, after diapering or assisting children with toileting, after nose wiping, and after administering first aid.
08. CPR/First Aid. Providers must insure that at all times children are present at least one (1) adult on the premises has current certification in pediatric rescue breathing and first aid treatment from a certified instructor.
09. Health of Provider. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care.
10. Child Abuse. Providers must report suspected child abuse to the appropriate authority. (IDAPA: 16.06.12.802)

401. IN-HOME CARE HEALTH AND SAFETY REQUIREMENTS. Each in-home care provider is responsible to ensure that health and safety requirements are met for children being cared for in the children's own home.

01. Health and Safety Inspections. In-home health and safety inspections, described in Section 802 of these rules, are not required for in-home care providers caring for children in the children's own home.
02. Health and Safety Training. Because in-home care providers are exempt from health and safety inspections, each in-home care provider must complete health and safety training provided by the local Health District covering requirements listed in Section 802 of these rules. (IDAPA: 16.06.12.401)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Compliance with Department Criminal History and Background Check. Criminal history and background checks are required for ICCP providers. Providers who are required to have a criminal history check must comply with IDAPA: 16.05.06, "Criminal History and Background Checks."
02. ICCP Provider is Approved. The ICCP provider must have completed a criminal history and background check, and received a clearance, prior to becoming an ICCP provider. (IDAPA: 16.06.12.009)

☐ No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- ☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.

Under Section 39-1109, Idaho Code, all providers are subject to the adult to child ratios point systems as follows:

The maximum allowable points for each staff member is twelve (12), using the following point system which is based on the age of each child in attendance:

- a. Under the age of twenty-four (24) months, each child equals two (2) points.**
- b. From the age of twenty-four (24) months to under the age of thirty-six (36) months, each child equals one and one-half (1 1/2) points.**
- c. From the age of thirty-six (36) months to under the age of five (5) years, each child equals one (1) point. (3-21-12)**
- d. From the age of five (5) years to under the age of thirteen (13) years, each child equals one-half (1/2) point.**

The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
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 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

 - Projected start date for each activity _____
 - Projected end date for each activity _____

- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition: **A child under the age of 24 months.**
- Ratio: **1 adult to 6 infants**
- Group size: **The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.**

2. Toddler

- State/Territory age definition: **A child aged twenty-four (24) months to under thirty-six (36) months of age.**
- Ratio: **1 adult to 8 toddlers.**
- Group size: **The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.**

3. Preschool

- State/Territory age definition: **A child aged thirty-six (36) months to under five (5) years of age.**
- Ratio: **1 adult to 12 preschool aged children.**
- Group size: **The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.**

4. School-Age

- State/Territory age definition: **A child five (5) years to under thirteen (13) years of age.**
- Ratio: **1 adult to 24 school age children.**

Group size: **The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.**

5. If any of the responses above are different for exempt child care centers, describe

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups:

(4) (a) The maximum allowable child:staff ratio shall be a maximum of twelve (12) points per staff member using the following point system:

(i) Each child in attendance under the age of twenty-four (24) months shall equal two (2) points.

(ii) Each child in attendance from twenty-four (24) months to under thirty-six (36) months of age shall equal one and one-half (1 1/2) points.

(iii) Each child in attendance from thirty-six (36) months to under five (5) years of age shall equal one (1) point.

(iv) Each child in attendance from five (5) years to under thirteen (13) years of age shall equal one-half (1/2) point.

(b) Each child in attendance shall be counted by the department for purposes of calculating maximum allowable points, counting the number of children in attendance and for determining compliance with child:staff ratios.

(39-1109.Idaho Code.)

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition: A child under the age of 24 months.
- Ratio: 1 adult to 6 infants
- Group size: The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.

2. Toddler

- State/Territory age definition: A child aged twenty-four (24) months to under thirty-six (36) months of age.
- Ratio: 1 adult to 8 toddlers.
- Group size: The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.

3. Preschool

- State/Territory age definition: A child aged thirty-six (36) months to under five (5) years of age.
- Ratio: 1 adult to 12 preschool aged children.
- Group size: The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.

4. School-Age

- State/Territory age definition: **A child five (5) years to under thirteen (13) years of age.**
- Ratio: **1 adult to 24 school age children.**
- Group size: **The maximum allowable points per adults in conjunction with the maximum occupancy load determined by local fire marshals during the required inspection, and the type of care offered (center, group, family, etc.) determines group size.**

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

Group Child Care. Group child care is for seven (7) to twelve (12) children. (IDAPA: 16.06.12.101.)

Each child in attendance is counted by the Department for the purposes of calculating maximum allowable points, counting the number of children in attendance, and for determining compliance with child-staff ratios. (IDAPA: 16.06.02.335.)

6. If any of the responses above are different for exempt group child care homes, describe

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios:

- (4) (a) The maximum allowable child:staff ratio shall be a maximum of twelve (12) points per staff member using the following point system:**
- (i) Each child in attendance under the age of twenty-four (24) months shall equal two (2) points.**
 - (ii) Each child in attendance from twenty-four (24) months to under thirty-six (36) months of age shall equal one and one-half (1 1/2) points.**
 - (iii) Each child in attendance from thirty-six (36) months to under five (5) years of age shall equal one (1) point.**
 - (iv) Each child in attendance from five (5) years to under thirteen (13) years of age shall equal one-half (1/2) point.**
- (b) Each child in attendance shall be counted by the department for purposes of calculating maximum allowable points, counting the number of children in attendance and for determining compliance with child:staff ratios.**
- (39-1109.Idaho Code.)**

group size:

Family Child Care. Family child care is for six (6) or fewer children. (IDAPA: 16.06.12.101.)

the threshold for when licensing is required:

Group Daycare Facility. A group daycare facility license is issued for a place or facility providing daycare, where seven (7) to twelve (12) children, regardless of relationship to the person or persons providing the care, are in attendance. (IDAPA: 16.06.12.101.)

maximum number of children that are allowed in the home at any one time:

Family Child Care. Family child care is for six (6) or fewer children. (IDAPA: 16.06.12.101.)

if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

Each child in attendance is counted by the Department for the purposes of calculating maximum allowable points, counting the number of children in attendance, and for determining compliance with child-staff ratios. (IDAPA: 16.06.02.335.)

or the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

2. If any of the responses above are different for exempt family child care home providers, describe

d) Any other eligible CCDF provider categories:

Relative Child Care. Relative child care is for six (6) or fewer related children. (IDAPA: 16.06.12.101.)

2. Describe the ratios:

- (4) (a) The maximum allowable child:staff ratio shall be a maximum of twelve (12) points per staff member using the following point system:**
- (i) Each child in attendance under the age of twenty-four (24) months shall equal two (2) points.**
 - (ii) Each child in attendance from twenty-four (24) months to under thirty-six (36) months of age shall equal one and one-half (1 1/2) points.**
 - (iii) Each child in attendance from thirty-six (36) months to under five (5) years of age shall equal one (1) point.**
 - (iv) Each child in attendance from five (5) years to under thirteen (13) years of age shall equal one-half (1/2) point.**
- (b) Each child in attendance shall be counted by the department for purposes of calculating maximum allowable points, counting the number of children in attendance and for determining compliance with child:staff ratios.**

(39-1109.Idaho Code.)

group size:

Relative Child Care. Relative child care is for six (6) or fewer related children. (IDAPA: 16.06.12.101.)

the threshold for when licensing is required:

Group Daycare Facility. A group daycare facility license is issued for a place or facility providing daycare, where seven (7) to twelve (12) children, regardless of relationship to the person or persons providing the care, are in attendance. (IDAPA: 16.06.12.101.)

maximum number of children that are allowed in the home at any one time:

Relative Child Care. Relative child care is for six (6) or fewer related children. (IDAPA: 16.06.12.101.)

if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

Each child in attendance is counted by the Department for the purposes of calculating maximum allowable points, counting the number of children in attendance, and for determining compliance with child-staff ratios. (IDAPA: 16.06.02.335.)

or the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

- 5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

Age of Provider. All child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. (IDAPA: 16.06.12.802.01.)

Health of Provider. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. (IDAPA: 16.06.12.802.09.)

CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENT. Applicants, providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must comply with the requirements and receive clearance as

provided in IDAPA: 16.05.06, "Criminal History and Background Checks."
(IDAPA: 16.06.12.805)

DAYCARE CENTER TRAINING REQUIREMENTS. Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire.

01. Child Development Training. Training must be related to continuing education in child development.

02. Documented Training. It is the responsibility of the owner or operator of the daycare center to ensure that each staff member has completed four (4) hours of training each year. The training must be documented in the staff member's record.

03. Pediatric Rescue Breathing, Infant-Child CPR and First Aid Treatment Training. Pediatric rescue breathing, infant-child CPR, and first aid treatment training will not count towards the required four (4) hours of annual training.

04. Staff Training Records. Each owner or operator of the daycare center is responsible for maintaining documentation of staff's training and may be asked to produce documentation at the time of license renewal. (IDAPA: 16.06.02.340)

1. Infant lead teacher [redacted] and assistant teacher qualifications [redacted]
2. Toddler lead teacher [redacted] and assistant teacher qualifications [redacted]
3. Preschool lead teacher [redacted] and assistant teacher qualifications [redacted]
4. School-Age lead teacher [redacted] and assistant teacher qualifications [redacted]
5. Director qualifications [redacted]

b) Licensed Group Child Care Homes:

Age of Provider. All child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. (IDAPA: 16.06.12.802.01.)

Health of Provider. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. (IDAPA: 16.06.12.802.09.)

CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENT. Applicants, providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must comply with the requirements and receive clearance as provided in IDAPA: 16.05.06, "Criminal History and Background Checks."
(IDAPA: 16.06.12.805)

1. Infant lead teacher [redacted] and assistant qualifications [redacted]
2. Toddler lead teacher [redacted] and assistant qualifications [redacted]
3. Preschool lead teacher [redacted] and assistant qualifications [redacted]
4. School-Age lead teacher [redacted] and assistant qualifications [redacted]

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications:

Family Daycare Home. A family daycare home is not required to be licensed. However, a family daycare home may voluntarily elect to be licensed by the Department. (IDAPA: 16.06.02.301.03)

Age of Provider. All child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. (IDAPA: 16.06.12.802.01.)

Health of Provider. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. (IDAPA: 16.06.12.802.09.)

CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENT. Applicants, providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must comply with the requirements and receive clearance as provided in IDAPA: 16.05.06, "Criminal History and Background Checks." (IDAPA: 16.06.12.805)

d) Other eligible CCDF provider qualifications

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions

- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

☐ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. Provide a citation and a link if available

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
September 30, 2016
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other): **Not Yet Started**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented: **Currently, Idaho does not have training requirements for child care providers receiving CCDF funds.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
DHW is responsible for developing rules or policies that require the training as identified in the reauthorization of the CCDBG. DHW will work in partnership with IdahoSTARS to develop and disseminate the public

awareness component of this change in training requirements.

- Projected start date for each activity: **October 2015**
- Projected end date for each activity: **September 30, 2016**
- Agency – Who is responsible for complete implementation of this activity: **DHW**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **IdahoSTARS (University of Idaho and Idaho AEYC)**

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

☐ Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements _____

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
September 30, 2016

-
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other): **Partially Implemented**
 - Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented: **IdahoSTARS offers training and technical assistance/coaching on the identified requirements**
 - Unmet requirement - Identify the requirement(s) to be implemented: **Identify and message, the time-frame that providers will have to complete this initial training. Identify and message the ongoing training requirements (the number of hours, focus of training, and timeframe for the continuing training hours).**
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
Rule changes/DHW; Messaging to IdahoSTARS personnel including all CCR&R staff; messaging to the public (shared responsibility);
1) Develop informational material that defines the new training requirements to include the identified training; the number of hours; any costs associated with the training/scholarship opportunities available; and time frame for completing the training
2) Revise IdahoSTARS Operations Manual and Process and Procedures as needed to identify required changes
3) Develop internal training/message for all IdahoSTARS personnel as appropriate
4) partner with DHW to create plan to disseminate this information to the public (providers/parents)
 - Projected start date for each activity:
October 2015
 - Projected end date for each activity:
September 30, 2016. Decisions on hours of training and requirements for ongoing training must be completed by March 1, 2016. Messaging begins no later than July 1, 2016.

- Agency – Who is responsible for complete implementation of this activity:
DHW
- Partners – Who is the responsible agency partnering with to complete implementation of this activity:
UI/Idaho AEYC

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

- ☒ Nutrition (including age appropriate feeding). Describe:
Sanitary Food Preparation. Food for use in child care facilities must be prepared and served in a sanitary manner. Utensils and food preparation surfaces must be cleaned and sanitized before using to prevent contamination.
Food Storage. All food served in child care facilities must be stored to protect it from potential contamination. (IDAPA: 16.06.12.802.02. and .03)
- ☐ Access to physical activity. Describe:
- ☐ Screen time. Describe:
- ☐ Caring for children with special needs. Describe:
- ☒ Recognition and reporting of child abuse and neglect. Describe:
Child Abuse. Providers must report suspected child abuse to the appropriate authority. (IDAPA: 16.06.12.802.10.)
- ☐ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe:

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

- ☐ Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____
- ☐ Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

☒ No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

☒ Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation.

IDAPA: 16.06.12.800: CHILD CARE PROVIDER LICENSING. All providers of child care who receive a Department subsidy must be licensed or must comply with: applicable State Daycare licensing requirements in Title 39, Chapter 11, Idaho Code; these rules; local licensing ordinances; or tribal ordinances. If both state requirements and ordinances apply to a provider, the provider must comply with the stricter requirement. A provider operating outside Idaho must comply with the licensing laws of his state or locality.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

- a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

- ☒ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

The health and safety inspector shall have a professional license, professional certification or professional training status for licensure or certification in a health-related field that is valid in the State of Idaho. The minimum qualifications must be equivalent to a Registered Environmental Health Specialist I. (District Health Department's Idaho Child Care Management Manual)

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

- ☒ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits.

All licensed providers must agree to a health and safety inspection. Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law. Per requirements in Rules Governing the Idaho Child Care Program (ICCP) (IDAPA: 16.06.12) and Standards for Child Care Licensing (IDAPA: 16.06.02) child care providers participating with ICCP are subject to a pre-service inspection, as well as an annual inspection that may be scheduled or unscheduled. Additional inspections may be conducted at any time at the request of the Idaho Child Care Program.

All child care homes/facilities must pass at least one (1) yearly health and safety inspection conducted as an on-site visit to their facility. These may be scheduled or unscheduled visits. Providers cannot deny the health inspector access or entry to any part of the child care facility. Note: In-home care is required to have a health and safety training. (HW0220 Idaho Child Care Program- Provider Agreement)

Each inspection reviews 29 health, safety, and fire standards detailed in the District Health Department's Idaho Child Care Management Manual. The manual includes policy citations for each standard.

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an

annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

- ☒ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

All providers must agree to a health and safety inspection, with the exception of care provided in the child's home. Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law. Per requirements in Rules Governing the Idaho Child Care Program (ICCP) (IDAPA: 16.06.12) and child care providers participating with ICCP are subject to a pre-service inspection, as well as an annual inspection that may be scheduled or unscheduled. Additional inspections may be conducted at any time at the request of the Idaho Child Care Program.

All child care homes/facilities must pass at least one (1) yearly health and safety inspection conducted as an on-site visit to their facility. These may be scheduled or unscheduled visits. Providers cannot deny the health inspector access or entry to any part of the child care facility. Note: In-home care is required to have a health and safety training. (HW0220 Idaho Child Care Program- Provider Agreement)

Each inspection reviews 29 health, safety, and fire standards detailed in the District Health Department's Idaho Child Care Management Manual. The manual includes policy citations for each standard.

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)

- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____

- Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

☒ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: **DHW has a statewide contract with Central District Health Department, which subcontracts to each subsequent health district to appropriately administer and monitor health and safety inspections throughout Idaho for all Licensed and ICCP child care providers. To date, ratios and standards to timeliness have been met and are in compliance with contract requirements outlined by the State of Idaho, Department of Health and Welfare.**

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____
- e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))
- ☒ Yes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) **Under Section 16-1605, Idaho Code, daycare personnel, including the owners, operators, staff, and any other person who has reason to believe that a child has been abused, abandoned, or neglected or is being subjected to conditions or circumstances which would reasonably result in abuse, abandonment, or neglect, must report or cause to be reported within twenty-four (24) hours, such conditions or circumstances to the Department or the proper law enforcement agency. (IDAPA: 16.06.02.345 and 16.06.12.802.10)**
- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than November 19, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
- Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

☐ Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. _____

☐ Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____

☒ No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this

includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

☒ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017) September 30, 2017
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other): **Substantially Implemented- Only remaining process yet to be implemented is the process for interstate child abuse and neglect checks.**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable:

CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENT. Applicants, providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must comply with the requirements and receive clearance as provided in IDAPA: 16.05.06, "Criminal History and Background Checks." (IDAPA: 16.06.12.805)

Background checks by the Idaho Criminal History Unit meet all requirements detailed in the Reauthorization of the CCDBG except for interstate child abuse and neglect checks.

- Unmet requirement - Identify the requirement(s) to be implemented **Interstate child abuse and neglect checks.**
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - Projected start date for each activity **Fall 2015**

- Projected end date for each activity: **To Be Determined**
- Agency – Who is responsible for complete implementation of this activity: **DHW**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **DHW- Idaho Criminal History Unit**

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

The Idaho Department of Health and Welfare conducts criminal history background checks on various classes of individuals who have access to, or provide care or services to children or vulnerable adults, as required by regulation. The criminal history background check is a fingerprint based check of state and national crime records and various registries.

CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS

01. Confidential Records. Any information about an individual covered by these rules and contained in Department records must comply with IDAPA: 16.05.01, "Use and Disclosure of Department Records."

02. Federal Bureau of Investigation Records. Any information received from the FBI must comply with 28 CFR 50.12 or other federal regulations.

03. Idaho State Police Records. Any information received from the Idaho State Police must comply with Section 67-3008, Idaho Code.

04. Public Records Requests. The Department of Health and Welfare will comply with Title, 74, Chapter 1, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempt in Title, 74, Chapter 1, Idaho Code, and other state and federal laws and regulations, all public records in the custody of the Department of Health and Welfare are subject to disclosure.(IDAPA: 16.05.06.006)

TIME FRAME FOR SUBMITTING APPLICATION AND FINGERPRINTS. The completed notarized application and fingerprints must be received by the Department within twenty-one (21) days from the date of notarization whether submitted by mail or at a Department fingerprinting location.

01. Availability to Provide Services. The applicant:

a. Is available to provide services on the day the application is signed and notarized, as long as the applicant has not disclosed any disqualifying crimes or relevant records. The applicant must provide the Department a copy of the signed and notarized application to validate the date of applicant's availability to provide services.

b. Becomes unavailable to provide services or be licensed or certified when the notarized application is not received or the fingerprints have not been collected within this time frame.

c. Who submits a complete application and fingerprints by mail, and the application is deemed inadequate or incomplete for processing by the Department, is unavailable to provide services until the application is received by the Department completed and corrected.

02. Incomplete Application. The criminal history and background check is incomplete and will not be processed by the Department if this time frame is not met.

03. No Extension of Time Frame. The Department will not extend the twenty-one (21) day time frame, unless the applicant or employer provides just cause. An applicant for employment or employer can not submit a new application for the same purpose, or repeatedly re-sign and re-notarize the original application. (IDAPA: 16.05.06.150)

ADMINISTRATIVE APPEALS.

01. Appeals. Appeals and proceedings are governed by IDAPA: 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings."

02. Appeal of FBI Records. If an individual believes that the records received through the FBI are incorrect, the individual has fifteen (15) days from the receipt of the denial to correct the FBI records according to 28 CFR Section 16.34 or other federal regulations. (IDAPA: 16.05.06.003)

- 5.3.3 Describe how the State/Territory is assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states:

IDAHO CHILD PROTECTION CENTRAL REGISTRY CHECKS. Under the provisions in 42 USC 16961 Section 152, a check of the Idaho Child Protection Central Registry may be requested by another state for foster or adoptive placement cases.

01. Request for an Idaho Child Protection Central Registry Check. A request for an Idaho Child Protection Central Registry check must be submitted by mail, facsimile transmission, or e-mail attachment on state letterhead with the requesting authority contact information, and must include the following:

- a. Name of the subject of the check, and any aliases;
- b. Date of birth and Social Security Number of the subject of the check; and
- c. A notarized signature of the subject of the check authorizing the request.

02. Fee Amount. The fee for an Idaho Child Protection Central Registry check is twenty dollars (\$20) for each subject checked.

03. Department Response. A response will be returned to the state initiating the request for the check within fourteen (14) days of receipt of the request. The Department's contact information will be included along with the result of the check. (IDAPA: 16.05.06.125)

- 5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

☒ Yes. Describe: **Any felony not listed on our Permanently Disqualifying Offense List disqualifies a person from participating with child care activities for 5 years from the date of the conviction. After 5 years, an applicant may reapply to be considered.**
[\(https://chu.dhw.idaho.gov/\)](https://chu.dhw.idaho.gov/)

☐ No

- 5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

☒ Yes. Describe:

A disqualifying offense is a specific offense which precludes an applicant from providing services or receiving a background check clearance. If an applicant is found to have a disqualifying offense listed below, they will be issued an unconditional denial and not allowed to provide services or receive licensure or certification.

Disqualifying Offenses/Relevant Records – Permanent (effective 7/1/2014):

- Abuse, neglect, or exploitation of a vulnerable adult,
- Aggravated, first degree and second-degree arson,
- Crimes against nature,
- Forcible sexual penetration by use of a foreign object,
- Incest,
- Injury to a child, felony or misdemeanor,
- Kidnapping,
- Lewd conduct with a minor,
- Mayhem,
- Voluntary Manslaughter, Involuntary Manslaughter, Felony Vehicular Manslaughter,
- Murder in any degree or assault with intent to commit murder,
- Poisoning,
- Possession of sexually exploitative material,
- Rape,
- Robbery,
- Felony stalking,
- Sale or barter of a child,
- Sexual abuse or exploitation of a child,
- Video voyeurism,
- Enticing of children,
- Inducing individuals under (18) years of age into prostitution or to patronize a prostitute,
- Any felony punishable by death or life imprisonment; or
- Attempt, conspiracy, or accessory after the fact, or aiding and abetting to commit any of the Disqualifying offenses.
- A Child Protection entry in the State Child Protection Registry Substantiated at a Level 1 or Level 2
- A negative entry in the state Certified Nurse Assistant Registry
- Inclusion of the person in the state or federal Sex Offender Registry
- Inclusion of the person in the Medicare or Medicaid Exclusion Lists

Disqualifying Five Year Offenses (effective 7/1/2014):

- Any felony not listed in the permanent disqualifying crimes list;
- Misdemeanor Forgery of and fraudulent use of a financial transaction card,
- Misdemeanor Forgery and counterfeiting,
- Misdemeanor Identify theft,
- Misdemeanor Insurance fraud,
- Misdemeanor Public Assistance Fraud,
- Stalking in the second degree,
- Misdemeanor Vehicular Manslaughter
- Sexual Exploitation by a medical care provider, or

- Attempt, conspiracy, accessory after the fact, or aiding and abetting to commit any of the disqualifying five (5) year crimes.
(<https://chu.dhw.idaho.gov/>)

☐ No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State/Territory exempt relatives from background checks?

- ☐ Yes, all relatives are exempt from all background check requirements.
- ☐ Yes, some relatives are exempt from the background check requirements. If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all)._____
- ☒ No, relatives are not exempt from background checks.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor. Lead Agencies can report that no fees are charged if applicable.

Fees for Criminal History Unit Background Checks are set in rules and approved by the state legislature. Fees only cover the cost of administering background checks. (IDAPA: 16.06.06.050)

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

The processes and policies related to DHW's Criminal History Unit are published here: <https://chu.dhw.idaho.gov/> Child care providers are encouraged to visit the website, or call the Criminal History Unit directly with any questions regarding the completion of their background check.

5.3.9 Does the Lead Agency release aggregated data by crime?

- ☐ Yes. List types of crime included in the aggregated data
- ☒ No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and

effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
 - b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
 - c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
 - d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
 - e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.
- ☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.
- ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including

planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

☒ State/Territory professional standards and competencies. Describe:

IdahoSTARS approved training is categorized using the Ten Core Knowledge Components for Early Care and Education. All IdahoSTARS approved trainings are also categorized under Idaho Early Learning eGuidelines, the most current set of high-quality, research-based Idaho early learning standards. They are the result of a two-year study and revision process by a team of Idaho’s dedicated early childhood professionals.

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- ☒ Career ladder or lattice. Describe:

The IdahoSTARS Early Childhood Care and Education Career Pathway contains six levels beginning with Level 1 PDS (Professional Development System) Entry/Essential Training. Level 2 is a CDA credential. Level 3 is a Technical Certificate in ECE. Level 4 is an Associate Degree in ECE. Level 5 is a Bachelor Degree in ECE; Level 6 is Master Degree or higher in ECE.

- ☒ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe:

IdahoSTARS has convened a higher education articulation workgroup consisting of faculty members from two and four year post-secondary early childhood education programs and IdahoSTARS personnel. In partnership with the faculty members from the institutions of higher education, IdahoSTARS has aligned the content of the essential training, which is a component of the QRIS, with the early childhood course content from each institution.

A process has been identified to formalize an articulation agreement and a scholarship process to uphold the ongoing collaboration that supports child care providers who seek a formal education in the early childhood field. While the articulation agreement is not currently reciprocal, it does recognize the rigor of college coursework as meeting or exceeding the knowledge acquisition of the essential trainings. Training hours do not articulate to college credit under this articulation agreement.

- ☒ Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe:

IdahoSTARS approves trainers throughout the state using best practices criteria. Trainers are observed annually using a Trainer Observation Tool and goal setting practices. Trainers are provided opportunities to develop their training skills quarterly through webinars with the Training Office.

Training is approved under a quality based criteria for best practices for adult learners. Idaho State Licensing only recognizes those trainings in Core Knowledge Components for Early Care and Education that focus on child development knowledge and practices.

IdahoSTARS Essential Training is a series of training developed by IdahoSTARS that offers child care providers the basic knowledge needed for a quality child care facility.

- ☒ Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe:

IdahoSTARS has recently completed a statewide survey of the early care and education work force. Once compiled, the data obtained will be disseminated and utilized to inform policy makers, business owners, directors, educators, parents, child care providers, service providers, among others across Idaho.

- ☒ Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe:

The Idaho Child Care Program (ICCP) Advisory Panel is composed of representatives from across the state who offer unique perspectives on child care. Panel members are appointed by the Governor to serve a minimum of one term (3 years) and who meet on a quarterly basis. The Advisory Panel reviews and offers guidance to the State Administrator on issues revolving around ICCP (Idaho State's CCDF funded child care program) and the IdahoSTARS program, including program development, revision and implementation.

- ☒ Continuing education unit trainings and credit-bearing professional development. Describe:

Idaho provides ongoing training and professional development through the IdahoSTARS Training Office, approved trainers in each region, conferences, and a variety of distance learning opportunities. IdahoSTARS approved trainers and trainings reflect current research, best practice and specialized topics. Trainings are accessible throughout the state in a variety of formats (in person, online, correspondence and through college course work) to best meet the needs of a diverse provider and child care population.

- ☒ State-approved trainings. Describe:

IdahoSTARS approves training for child care based on a set of criteria to include techniques the trainer uses for diverse learners (auditory, kinesthetic, etc.); objectives listed; scholarly resources cited; explanation of how to apply the content of the training when caring for children with diverse abilities; identify the Early Learning Guideline domains and indicators.

- ☐ Inclusion in state and/or regional workforce and economic development plans. Describe:

Once compiled, the data from the workforce survey, the state policy makers and child care administrators and educators will have the critical information needed to support planning and decision making that impacts the growth and development of the early care and education workforce at both the state and regional levels with an overarching goal of increasing education and economic status.

- ☐ Other. Describe

-
- 6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC:

IdahoSTARS Trainer and Training requirements were researched and then adapted to meet state requirements. The proposed criteria and Core Knowledge Components for Early Care and Education areas were presented and approved by the IdahoSTARS Advisory Board. The requirements and component areas have been continually updated based on new findings in best practices.

- 6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements (see Information Memorandum on Children's Social Emotional and Behavioral Health <http://www.acf.hhs.gov/programs/occ/resource/im-2015-01>):

All IdahoSTARS Approved Training is linked to the Idaho Early Learning eGuidelines by domain and goal. The checklist of practices for each Essential Training were developed by utilizing the caregiver strategies from the Early Learning eGuidelines. IdahoSTARS utilizes the Pyramid Model of Positive Behavior Intervention Supports by embedding the philosophy into a series of essential trainings. All Essential Training that has a focus on Health and Safety embeds standards from Caring for Our Children.

- 6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable):

IdahoSTARS training is posted on the IdahoSTARS website with a link to the training database where providers register for training. All approved distance training opportunities are posted on the IdahoSTARS Distance Learning page of the website, which is easily accessed from the training calendar. All seven regional CCR&R offices have a Lending Library which offers approved training opportunities for check-out, this training opportunity is also posted to the IdahoSTARS website. The IdahoSTARS professional development system is open and available to any early care and education provider in Idaho, with incentives based on the provider's ability to meet eligibility requirements.

- 6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians:

IdahoSTARS approved training is evidence based and designed to offer information that assists child care providers with developing an understanding and increasing their

knowledge and awareness of best practices, strategies, practical tools, and skills across the domains and clearly linked to the Idaho Early Learning eGuidelines. All trainers receive information and guidance on adult learning, and are required to include modifications of training content and training materials to include all children and families with a special focus on child development, poverty, disabilities, family structure, languages, and cultures.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

- ☒ Financial assistance for attaining credentials and post-secondary degrees. Describe:
Idaho relies on CCR&R staff, Scholarship Counselors, the Professional Development System Orientation, the Steps to Quality Program (QRIS), the IdahoSTARS website, college instructors, and child care program directors to recruit child care providers to apply for training and academic scholarships. To retain providers, IdahoSTARS offers training scholarships and cash incentive awards for completing 15 hours of approved training or 1 ECE college credit. An Academic Scholarship covers 100% of tuition costs for 9-16 credits each academic year, release time for family providers and upon successful completion of each scholarship year, a 2% raise is awarded by the employer, as agreed upon in the scholarship application. If an early childhood degree or credential (CDA, Technical Certificate, Associate or Bachelor) is completed, the PDS awards a level move that includes a cash incentive.
- ☒ Financial incentives linked to education attainment and retention. Describe:
The IdahoSTARS Early Childhood Care and Education Career Pathway offers three different options to receive an incentive. There is a Level Move Award, an Anniversary Award and an Essential Training Award. If the provider is employed by a facility that has been verified on our QRIS system, Steps to Quality, the provider will receive an additional incentive. The Level Move is awarded when a provider achieves a degree in ECE or a related field and moves up a level on the Career Pathway. An Anniversary Award is obtained when a provider completes 15 IdahoSTARS approved training hours or 1 ECE college credit or related college credit within their anniversary cycle. An Essential Training award may be obtained by completing the Essential Training at each step, currently there are four sets of Essential Training available for this incentive.
- ☐ Registered apprenticeship programs. Describe
- ☐ Outreach to high school (including career and technical) students. Describe
- ☐ Policies for paid sick leave. Describe
- ☐ Policies for paid annual leave. Describe
- ☐ Policies for health care benefits. Describe

- ☐ Policies for retirement benefits. Describe
- ☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe
- ☐ Other. Describe

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language:

Several of the IdahoSTARS Resource Specialists are bilingual (English and Spanish) and work in partnership with the META Refugee Center to recruit and support individuals interested in providing child care. Additionally, the partnership with META offers translation support for follow-up coaching and TA intended to help providers be successful and maintain eligibility to continue receiving CCDF funds for caring for children participating in Idaho's child care subsidy program.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- ☒ Informational materials in non-English languages
- ☒ Training and technical assistance in non-English languages
- ☒ CCDF health and safety requirements in non-English languages
- ☒ Provider contracts or agreements in non-English languages
- ☐ Website in non-English languages
- ☒ Bilingual caseworkers or translators available
- ☐ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- ☐ Other _____
- ☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages:

The primary and secondary languages in Idaho are English and Spanish. We are working in partnership with the Nino Project based out of META in the state of Idaho who provides interpreting services for orientations and follow-up support designed to assist interested

providers with orientating them to Idaho's subsidy program, the IdahoSTARS program, as well as providing information on quality child care practices. Most materials (documents, brochures, announcements, etc.) are available in both English and Spanish. The essential training offered through IdahoSTARS is available in both English and Spanish. The TA/coaching is available in English and Spanish in areas of the state that has a high Hispanic population. The documents and other materials related to the health and safety requirements of CCDF child care are available in both English and Spanish. Training through META's Nino Project offers translation in all required languages.

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

☐ Yes. The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers

☒ No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016): **September 30, 2015**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other): **Not Yet Started**
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented: **Develop CCR&R staff training and TA; Identify/Develop resources to support and connect families in local areas.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.): **Identify training/TA strategies that already exist; develop training and TA as needed; connect with local shelters and other local agencies to gather information**

(referral information, etc.); gather printed materials for families to access through their child care program or through their local CCR&R resource packets. Work with Strengthening Families Coordinator to embed information into training and to streamline dissemination of information.

- Projected start date for each activity: **October 2015**
- Projected end date for each activity: **September 2016**
- Agency – Who is responsible for complete implementation of this activity: **University of Idaho**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **IdahoSTARS UI and Idaho AEYC**

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

☒ Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

IdahoSTARS Professional Development System tracks a variety of elements as part of the ongoing evaluation of the child care workforce. For example, the total Initial Applications and Incentive Award Applications received is tracked on a monthly basis by region. Incentives are tracked by total dollar amount awarded, as well as type of incentive and region of provider. Additional tracking includes employment history, level of education, active/inactive status. Review of data allows Idaho to identify trends and it assists with budgetary planning and decision making. Training and Academic scholarships assist providers with offsetting the costs of attending conferences, completing training, completing college courses, and attaining academic certification and degrees.

- b) Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe: **All incentives as listed above are supported through the use of CCDF funds.**

☐ Other funds. Describe _____

c) Check which content is included in training and professional development activities. Check all that apply.

☒ Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe: **IdahoSTARS Essential Training and technical assistance/coaching includes curriculum with a focus on promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity using scientifically-based, developmentally appropriate and age-appropriate strategies. The Essential Training is a component of Idaho's QRIS, Steps to Quality, and has been developed as a series of training that builds upon foundational information from one step to the next.**

☒ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social - emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe: **IdahoSTARS Essential Training and technical assistance/coaching includes curriculum with content that focuses on the implementation of behavior management strategies. The strategies include positive behavior interventions and support models, promotes positive social-emotional development and early childhood mental health, with a focus on reducing challenging behaviors and expulsion from child care programs. The Essential Training is a component of Idaho's QRIS, Steps to Quality, and has been developed as a series of training that builds upon foundational information from one step to the next.**

☒ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe: **IdahoSTARS has embraced the Strengthening Families (SF) framework and in partnership with Idaho AEYC, IdahoSTARS offers training and TA opportunities for all child care programs interested in embedding SF into their programs. Idaho's QRIS, Steps to Quality, has embedded SF as a standard with Essential Training to support this standard at each step. The Strengthening Families framework is focused on engaging parents and families in culturally and linguistically appropriate ways, assists child care programs and staff to embrace families to become meaningful partners who support their children's growth and development in positive ways.**

☒ Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe: **Idaho's Early Learning eGuidelines are embedded in**

all IdahoSTARS approved training. Criteria for training approval includes that all training be developmentally appropriate and utilize evidence-based curricula that is responsive to diverse cultures and languages. Additionally, Essential Training, ET4: Dual Language Learners, content is focused on culturally and linguistically responsive instruction and evidence-based practices. Essential training is also translated for Spanish speaking child care providers.

☐ On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe

☐ Using data to guide program evaluation to ensure continuous improvement. Describe

☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe

☒ Caring for and supporting the development of children with disabilities and developmental delays. Describe: **IdahoSTARS QRIS, Steps to Quality (STQ), has embedded Inclusion of All Children as one of the standards. As with all standards in STQ, it offers child care providers a pathway to increase awareness, gain knowledge and develop skills and strategies that will be put into practice with the children in their care. The standard, Inclusion of All Children offers Essential Training plus coaching/technical assistance with indicators such as developing an Inclusion Statement as part of the program's policy and procedures; strengthening confidentiality as an ongoing practice; utilizing Inclusion Readiness Checklists, observation skills and assessment tools; recognition and understanding of the importance of embracing a partnership with parents/families; as well as helping programs and staff to become more informed about IDEA, IEPs and IFSPs, and developing individual goals for all children. Essential Trainings also assist child care providers with making evidence-based decisions in regard to children with developmental delays and disabilities who are enrolled or are seeking enrollment to their programs.**

☒ Supporting positive development of school-age children. Describe: **Afterschool child care program staff are included and welcome to participate in IdahoSTARS professional development opportunities. Programs such as YMCA, Boys and Girls Clubs, school based, faith-based, and privately owned after-school programs and their staff participate in the professional development system by accessing training, utilizing the training database and individual training logs to document completed training, and also to receive incentives for completing the annual training and/or education requirements. IdahoSTARS is working closely with the Idaho Afterschool Network to identify and offer requested training and to**

work in partnership on a QRIS that is most appropriate for school-age child care programs.

☐ Other. Describe

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

☒ Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

☒ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

☒ Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

☐ Other. Describe

☐ No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

☐ Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content _____

2) Number of on-going hours and any required areas/content _____

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content _____

2) Number of on-going hours and any required areas/content _____

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content _____

2) Number of on-going hours and any required areas/content _____

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content _____

2) Number of on-going hours and any required areas/content _____

☒ No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

☒ Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance:

IdahoSTARS offers training intended to strengthen the business practices for child care owners, directors, and/or providers. IdahoSTARS has approved a variety of online trainings related to business practices, (i.e. Basic Bookkeeping for Caregivers Modules 1 – 5; Facilitating Staff Skill Development; Business Management and Computer Basics; Family Child Basics; Developing Leadership in Early Care and Education. In addition, each of the seven CCR&R offices maintain Lending Libraries that offer distance learning training for checkout: Human Resource Management in Early Childhood Programs Director/Owner Self Study Lesson: 30 training hours. This training was created by (and purchased from) the National Association for the Education of Young Children and is embedded in Idaho's QRIS, Steps to Quality.

Idaho's Quality Rating and Improvement System, Steps to Quality, includes several indicators related to strengthening business practices in the standards Leadership and Management, and also Staffing and Professional Development. Each quality indicator within the QRIS and all associated trainings are supported by technical assistance and coaching from IdahoSTARS regional staff. Additionally, Steps to Quality, requires that directors complete the NAEYC HRM (Human Resource Management) training and an additional 15 hours of Business Management Training at each step. Also included in Steps to Quality is the use of the BAS (Business Administration Scale) and PAS Program Administration Scale).

Idaho would like to continue our growth in supporting practices to strengthen providers business practices by facilitating a TA opportunity to Idaho Stars leadership in partnership with a small sample of Child Care Providers, to learn, conduct and review the end to end process of doing the Provider Cost of Quality Calculator.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date

(no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory’s early learning and development guidelines appropriate for children from birth to kindergarten entry.

☒ The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten

- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC

- Updated as determined by the State. List the date or frequency: **Last update: December 2013**

☒ Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

☒ Birth-to-three. Provide a link:

<http://www.healthandwelfare.idaho.gov/Children/InfantToddlerProgram/EarlyLearningGuidelines/tabid/2280/Default.aspx>

☒ Three-to-Five. Provide a link:
<http://www.healthandwelfare.idaho.gov/Children/InfantToddlerProgram/EarlyLearningGuidelines/tabid/2280/Default.aspx>

☒ Birth-to-Five. Provide a link:
<http://www.healthandwelfare.idaho.gov/Children/InfantToddlerProgram/EarlyLearningGuidelines/tabid/2280/Default.aspx>

☒ Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link:
<http://www.healthandwelfare.idaho.gov/Children/InfantToddlerProgram/EarlyLearningGuidelines/tabid/2280/Default.aspx>

☐ Other. Describe _____

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

☒ Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

☐ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

☒ Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe: **Quality consultants from each CCR&R utilize coaching techniques and strategies to assist child care providers with using the Early Learning eGuidelines while planning classroom activities.**

☒ The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe: **Essential Trainings are embedded in Idaho's QRIS and this includes essential training on the Early Learning eGuidelines. The training is free and accessible online to child care providers. The Essential Training includes a Checklist of Practice to assist child care providers in putting newly learned concepts from the training into practice. In addition, CCR&R consultants have received training and technical assistance from the training developer to support them in their work with offering coaching and TA to child care providers as a follow-up to training.**

- ☒ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe: **In addition to the Essential Training and checklist of practices, the Idaho Early Learning eGuidelines supplemental materials includes “Caring for Idaho’s Infants and Toddlers”, a resource for parents and caregivers. It offers tips, suggestions, and resources for how to respond to children birth to 36 months of age.**
- ☒ Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe: **In addition to the Essential Training, The Idaho Early Learning eGuidelines: In the Preschool Classroom is a foundational document designed as a resource to support the growth and development of young children from birth through third grade. Each of these documents are available for child care providers to access at the regional Child Care Resource and Referral offices, as well as free and online. The regional staff is available to provide coaching and technical assistance to support the implementation of these documents and to support program planning.**
- ☒ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe: **Child care providers working with school-age children have access to the Idaho Early Learning eGuidelines online resource and the Developmental Growth Matrix through first, second, and third grades. Domain 1: Approaches to Learning and Cognitive Development and Domain 3: Social and Emotional Development. Training on how to access and implement these resources are included in the Essential Training 3: Introduction to Idaho’s Early Learning eGuidelines and is supported by the checklist of practices as technical assistance resource.**

b) Indicate which funds are used for this activity (check all that apply)

- ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **The CCDF funds, through the IdahoSTARS program, support the training and TA (coaching) to child care providers to implement Idaho’s Early Learning eGuidelines in their classrooms.**
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

6.3.4 Check here ☒ to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider

- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)

- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services _____

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

☒ Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

- Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **CCDF funds**

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☒ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

- Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds: **CCDF fully funds the IdahoSTARS program which**

embeds training and TA to improve and support the supply and quality of child care services for infants and toddlers.

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☒ Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

- Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.): **CCDF funds the CCR&R services statewide that have expanded in recent years to include coaching/TA for QRIS activities designed to increase quality practices in child care programs.**

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☒ Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

- Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.): **CCDF fully funds the IdahoSTARS program which embeds training and technical assistance/coaching strategies from Quality Child Care Consultants and Child Care Health Consultants who are located in CCR&R offices to promote compliance with health and safety standards.**

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☒ Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

- Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.): **CCDF funds fully support the IdahoSTARS program which evaluates and assesses the quality and effectiveness of child care services as embedded in Idaho's QRIS, Steps to Quality.**

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☒ Supporting accreditation. If checked, respond to 7.7.

- Indicate which funds will be used for this activity (check all that apply)
 - ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.): **CCDF funds fully support the IdahoSTARS program which has embedded accreditation into Idaho's QRIS, Steps to Quality.**
 - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- ☒ Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.
 - Indicate which funds will be used for this activity (check all that apply)
 - ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.): **CCDF funds fully support IdahoSTARS' efforts toward developing program standards related to health, mental health, nutrition, physical activity, and physical development.**
 - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- ☒ Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.
 - Indicate which funds will be used for this activity (check all that apply)
 - ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.): **CCDF Funds Strengthening Families through QRIS and other IdahoSTARS approved training and technical assistance/coaching opportunities.**
 - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

- ☒ Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available: **Steps to Quality, Idaho's QRIS, is administered through a partnership between University of Idaho Center on Disabilities and Human Development (CDHD) and Idaho Association for the Education of Young Children (Idaho AEYC). Together, UI and Idaho AEYC deliver technical assistance and coaching through regional Child Care Resource and Referral staff, develop training curriculum, manage the training/trainer registry, the**

Professional Development System registry, training and academic scholarships, Environment Rating Scale assessments, state licensing, subsidy eligibility for child care providers, QRIS Steps to Quality grant management, Steps to Quality placement and recognition, and the Child Care Health Consultant program. The Steps to Quality program is supported by and utilizes information and data from all IdahoSTARS programs. <http://idahostars.org/>

- ☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available
- ☐ No, but the State/Territory is in the development phase
- ☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- ☒ Participation is voluntary
- ☐ Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)
- ☐ Participation is required for all providers
- ☒ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- ☒ Supports and assesses the quality of child care providers in the State/Territory
- ☒ Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- ☒ Embeds licensing into the QRIS. Describe
- ☒ Designed to improve the quality of different types of child care providers and services
- ☒ Describes the safety of child care facilities
- ☒ Addresses the business practices of programs
- ☒ Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- ☒ Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these

financial options link to responses in Section 4.3 related to higher payment rates tied to quality: **Programs are eligible for monetary awards upon verification of Step 1 and Step 3, as well as for maintaining quality from year to year. Programs are eligible for up to three quality improvement grants during their participation in Steps to Quality. Technical assistance and coaching is provided through Child Care Resource and Referral offices.**

- ☒ Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- ☒ Licensed child care centers
- ☒ Licensed family child care homes
- ☐ License-exempt providers
- ☐ Early Head Start programs
- ☒ Head Start programs
- ☐ State pre-kindergarten or preschool program
- ☐ Local district supported pre-kindergarten programs
- ☒ Programs serving infants and toddlers
- ☒ Programs serving school-age children
- ☒ Faith-based settings
- ☒ Other. Describe: **Montessori programs**

- 7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory: **Progress is measured by the number of programs enrolled, movement across the quality levels and maintenance of quality levels from year to year.**

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- ☐ Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe
- ☐ Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe
- ☒ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: **The director and at least 50% of teachers must complete an education level of CDA or higher or complete a series of Essential Trainings. Specific training targets infants and toddlers including, Reducing the Risk of SIDS, Early Childhood Brain Development, Strengthening Families, Food and Nutrition, and Child Growth, Development and Learning. These trainings are supported by technical assistance and coaching from CCR&R staff.**
- ☒ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe: **Programs are eligible for up to three quality improvement grants and may target infant-toddler care. Monetary incentives are earned upon verification of Step 1 and Step 3, and yearly if quality is maintained or improved.**
- ☒ Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe: **Coaching is available through the regional Child Care Resource and Referral offices by Quality Child Care Consultants and Child Care Health Consultants to support caregivers with implementation of best practices for caring for and teaching infants and toddlers.**
- ☒ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe: **Individualized Family Service Plans (IFSP), can serve as an acceptable alternative to Inclusion Plans required in Idaho's QRIS, Steps to Quality. Child care providers must serve as part of the IFSP team and child goals must include supports for learning and development in the child care setting.**
- ☒ Developing infant and toddler components within the State's/Territory's QRIS. Describe: **Considerations for infants and toddlers are embedded within Essential Training, coaching supports, and quality indicators of the state QRIS.**
- ☐ Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe

- ☒ Developing infant and toddler components within the early learning and development guidelines. Describe
<http://www.healthandwelfare.idaho.gov/Children/InfantToddlerProgram/EarlyLearningGuidelines/tabid/2280/Default.aspx> The statewide early learning and development guidelines (Idaho Early Learning eGuidelines) include infant and toddler components in each developmental domain.
- ☐ Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe
- ☐ Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe
- ☐ Other. Describe

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory: **Evaluation includes tracking the percentage of programs successfully meeting Safe Sleep practices as articulated in the quality indicators. A database, currently under construction, will allow Idaho to establish baseline data on the number, duration, and frequency of technical assistance visits that target infant-toddler classrooms. Overall Infant Toddler Environment Rating Scale - Revised assessment scores as well as interaction subscale scores evaluate programs' ability to improve or maintain quality practices over time. IdahoSTARS will expand professional development opportunities to infant and toddler caregivers through an Infant and Toddler Specialization. The specialization will include training and coaching to implement identified best practices aligned with state early learning and development guidelines.**

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7):

- ☒ State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary:

Idaho has an established, fully staffed CCR&R statewide network operating in all 7 regions of the state. Idaho's Department of Health and Welfare contracts with the University of Idaho to operate the CCR&R system in the state. Staff in each CCR&R consists of Quality Child Care Consultants, Child Care Health Consultants, and Resource/Referral Specialists. CCR&R staff provide referrals, support, resources, and technical assistance in all areas of each region, including rural/remote locations. CCR&R staff recruit providers to participate in the Professional Development System, the Idaho Child Care Program, and the Quality Rating and Improvement System, as well as providing on-going support through follow-up site visits to improve the quality

of child care practices. Each CCR&R manages a lending library that includes training opportunities as well as educational materials for child care programs to borrow serving children birth through 13 years of age.

☐ State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe

☐ State/Territory is in the development phase

- 7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory:

Idaho's Department of Health and Welfare (DHW) monitors the IdahoSTARS contract every six months. The twice yearly monitor reviews the operations, policies, and procedures for the IdahoSTARS program, as well as highlights provided by staff. Additionally, DHW receives, reviews, and reports data as related to the subsidy program, professional development, and QRIS.

7.5 Facilitating Compliance with State Standards

- 7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe:

Reminder letters are mailed to providers at 40 days and 15 days prior to expiration date of their current health and safety and/or training requirements. We use follow-up email and letters to providers when we've discussed their due dates via telephone. Providers are contacted on a quarterly basis to confirm and update their information in the database. During this contact, providers receive information on changes or highlighting of information regarding health and safety, which includes reminders of pediatric CPR and pediatric First Aid certification dates. Newsletters from CCR&R offices include training calendars and reminders of ICCP and/or licensing requirements.

- 7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory:

The state is monitored on reminder notes disseminated on the approved timeline schedule. Centralized health and safety contact structure that includes funding to maintain the Idaho Child Care Management Manual, Child Care Provider Manual, semiannual program audits of timelines and records accuracy, and ongoing education and training of health and safety inspectors.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

- 7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

Idaho's QRIS, Steps to Quality, measures the quality of child care programs using quality indicators, including specific measures such as a Safe Sleep Checklist, Food/Nutrition/Active Physical Play Checklist, Strengthening Families self-assessment, PAS or BAS self-assessment, Inclusion Readiness Checklist, Child Inclusion Plans, and Child Growth, Development and Learning self-assessment. Classroom improvements are tracked through Environment Rating Scale Assessments. Teacher education and training is tracked through the Professional Development Registry. Program quality is tracked through the number of programs at each QRIS level.

- 7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory:

Classroom improvements are tracked by trending increased Environment Rating Scale Assessment scores. Teacher education and training is tracked by trending increased Professional Development Registry levels, participation rates, and awards. Program quality is tracked through trending increased and/or sustained Steps to Quality level placement.

7.7 Accreditation Support

- 7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- ☒ Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation:

Technical assistance is available for programs enrolled in Steps to Quality. Improvement grants, financial incentives, and recognition of accredited programs at the highest levels of Steps to Quality facilitate movement toward accreditation.

- ☐ Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe
- ☐ No, but the State/Territory is in the development phase
- ☐ No, the State/Territory has no plans for development

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- 7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory:

Progress is measured by an increase in the number of programs recognized at the highest level of QRIS, and the number of programs that identify accreditation as a goal on the Steps to Quality- Quality Improvement Plan.

7.8 Program Standards

- 7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe:

Step 1 of Steps to Quality focuses primarily on health and safety. Indicators relate to immunizations, first aid, pediatric CPR, child abuse and neglect prevention, and emergency preparedness to include an emergency plan. Subsequent steps include indicators on safe sleep, nutrition, active physical play, as well as child growth, development and learning.

- 7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Progress is measured by the number of programs enrolled in Steps to Quality, movement across the quality levels and maintenance of quality levels from year to year.

7.9 Other Quality Improvement Activities

- 7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

Training and technical assistance improve the quality of child care services and are available within or outside of Steps to Quality. Evaluation may include tracking increases in Essential Training completion, PDS Registry enrollment, number of trainings, technical assistance outcomes, ERS scores, and movement across the Steps to Quality levels.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. **There are no plans to update current procedures and processes, as they are compliant with the CCDBG Reauthorization.**

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

☒ Issue policy change notices

☒ Issue new policy manual

☒ Staff training

☒ Orientations

☒ Onsite training

☒ Online training

☒ Regular check-ins to monitor implementation of the new policies. Describe: **Supervisors meet with staff weekly to review policy and/or process updates and discuss any errors or issues found in the previous week. Staff members are given opportunities to ask questions and raise concerns at each weekly meeting.**

☐ Other. Describe

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- 8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Division of Welfare Benefit Programs Contract Monitoring Standards

Overview

This document defines the process used by Division of Welfare's Contracts and External Resource Management (CERM) Team to ensure that the standards, techniques, and criteria are consistent and timely. This document attempts to define actions to be taken and the decisions to be made during the monitoring process and clear communication process to all stakeholders.

Objectives

An effective monitor will provide information to the contract manager (also known as the business lead) on the contractor's performance, the effectiveness of the contract, and the quality of the service being delivered. It will also inform the contractor as to their success in meeting the objectives of the contract, alert them to possible performance improvement, identify best practices, and possible corrective action needed as a result of the monitor.

Prepare for the Monitoring

In order to prepare for the monitoring, the CERM Team:

- Reviews for accuracy or creates a monitoring tool that aligns with the scope of work and performance metrics of the contract to be monitored.
- Schedules the monitor.
- Informs the contractor of the schedule and what will be monitored. (facility, documents, etc.)
- Shares the schedule with the contract manager.
- Makes a random selection of records /documents if applicable.

Conduct the Monitoring

The CERM Team conducts the monitoring on or off site. The monitor team must determine the following:

- Did the contractor meet performance requirements?
- Did the contractor perform the services defined in the contract?
- Did the contractor perform the services on time?
- Were the deliverables (reports, services, surveys, software, products, and outcomes) delivered or achieved on time and in the required format?
- Did the services meet the Department's expected (and defined) standard?
- Were the services billed on the invoice actually delivered?
- Did the contractor comply with the rules, regulations, and policies as outlined by the Department?

Analyze Potential Findings with the Contract Manager

If any of these items were found deficient, the monitor team meets with the contract manager to discuss possible adverse conditions and determine the severity of each. Developing and organizing deficiencies is critical to the process. It will assist in determining whether all pertinent information was obtained during the monitor and facilitate discussions and decisions related to the potential findings. Each finding will be supported with specific examples and concrete details. The following steps should be utilized in order

to identify possible adverse conditions, their severity, and communicate that to the contract manager.

Compare the Condition with the Criteria

Most findings originate with comparisons of "what is" (the condition) with "what should be" (the criteria). Criteria are the standard for measuring performance or the goals to be achieved. Examples of criteria include laws, regulations, policies, procedures, management principles, good business practices, contract scope of work, accurate and complete case files, system updates, and performance standards.

For example: If voucher payments are found to have no supporting documentation to support their use (condition) and our criteria (scope of work) require that all vouchers are supported by documentation to verify the voucher use and purpose, the condition does not support the criteria.

Another example may be that case management charges are being processed for cases (condition) but no documentation is found in the case to support the expense (criteria) as outlined in the scope of work, the condition does not support the criteria. Final example, the agency does not have written procedures in place to refer clients to Child Support Services (condition) as required by Federal Regulations (criteria).

Determine the Severity of a Deficiency

The adverse conditions should be identified, discussed, and documented in terms of the following attributes:

- Cause: Cause describes how or why the condition came about and is the reason for the difference between what is and what should be (why the condition happened). It is very important that each finding include an attempt to identify the underlying root causes of the conditions reported. Establishing cause and effect relationships is often the most difficult part the monitoring process, but is essential in order to identify the basic weakness that allowed a deviation to occur and to design a constructive recommendation. For example, the team may determine the cause relates to:
 - Lack of procedures or management controls.
 - Failure to follow established procedures or controls.
 - Misinterpretation of established procedures or controls.
 - Fraud, abuse or neglect.
- Effect: Effect tells what resulted from the condition, or the associated risk and its significance. It is important to identify the effect even though it might be difficult to identify the underlying root causes of the conditions identified. The teams must demonstrate whether an adverse condition found is an isolated example or widespread and the rate or frequency of occurrence. The attention that a finding gets depends largely on its significance, as judged by effect. Where possible, the effect should be expressed in quantitative terms (dollars, units of production, resources, etc.)

Examples include unnecessary expenditures, inefficiencies because of duplication of effort, costs associated loss of goods or inventory, violation of federal regulations resulting in a penalties, and improper use of funds. If the actual effect cannot be determined, comments should be made on the potential effect.

When a difference is identified between the condition and the criteria and the severity of the deficiency is determined, the next step is to identify if the result is a finding, serious concern or warrants a comment/recommendation:

-
- A Finding is a serious performance or process error that is in violation of the contract or that puts the ability of the contractor to carry out the contract requirements at risk. Whether or not it is a finding depends on the cause and/or the effect. If the cause is such that its effect would be widespread and/or significant, then it is a finding. When there is a finding, the contractor is required to respond in some manner that will correct or prevent the finding from happening in the future.
 - Concern/Serious Concern is a less serious performance or process error that is not in violation of the contract. However, the error is a concern because its cause and effect could be widespread and/or significant for potential non-compliance. When there is a serious concern noted, the contractor is required to respond in some manner that will correct or prevent the error from happening in the future.
 - FYI/comment/suggestion may be suggestions for improvement, compliments, or comments regarding best practices. The contractor is not required to respond and is not required to comply with the suggestion.

Submit Initial Results Report

The team submits the initial results of the monitoring to the contractor within ten business days of the monitor.

If there are no deficiencies the process moves to Final Results. The contractor has ten business days to respond to any deficiencies with a clearance request. If there is no request, the process moves to Final Results.

Remedy the Deficiencies

Within ten days of receipt of contractor's response, the CERM Team collaborates with the contract manager to accomplish the following:

- Make decisions on any clearance requests made by contractor.
- Determine a remedy and/or penalty for any deficiency that still stands.
- Remedies include:
 - Performance Improvement Plan
 - Reimbursement
- Penalties include:
 - Financial
 - Corrective Action
 - Termination of Contract
- Targeted monitoring may be performed as determined by the contract manager.

If consensus is not reached on these decisions, the contract manager has the final decision. However, if the Bureau Chief over Compliance and Support believes the risk to contract standards is too high, the decision is escalated to the Welfare Administrator.

Submit Final Results

The monitor team will submit final results to contractor, contract manager, Division of Welfare Administrator, and Bureau Chief over Compliance and Support.

If there were findings, the contractor will be given a date by which to submit reimbursement, performance improvement, or corrective action plan.

If the submission is approved by the CERM Team, appropriate follow-up will be scheduled.

If the submission is not approved, the CERM Team and contractor will negotiate a plan that sufficiently addresses the deficiency(ies) until a consensus is reached.

Definition: “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

☒ Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

☒ Run system reports that flag errors (include types).

☒ Review of enrollment documents, attendance or billing records

☒ Conduct supervisory staff reviews or quality assurance reviews

☒ Audit provider records

☒ Train staff on policy and/or audits

☐ Other. Describe

☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

☒ Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State

Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

- ☒ Run system reports that flag errors (include types).
- ☒ Review of enrollment documents, attendance or billing records
- ☒ Conduct supervisory staff reviews or quality assurance reviews
- ☒ Audit provider records
- ☒ Train staff on policy and/or audits
- ☐ Other. Describe
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines

8.1.5 Which activities (or describe under “Other”) the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

- a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations?
- ☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: **\$100 (IDAPA: 16.06.12.701.01)**
 - ☒ Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
 - ☒ Recover through repayment plans
 - ☐ Reduce payments in subsequent months
 - ☐ Recover through State/Territory tax intercepts
 - ☐ Recover through other means
 - ☒ Establish a unit to investigate and collect improper payments. Describe:

The Idaho Department of Health and Welfare maintains a unit for Welfare Fraud Investigations. Trained investigators actively pursue allegations of program abuse by clients and child care providers. Once their findings are complete, the Revenue Operations Unit at Idaho Department of Health and Welfare actively pursues the collection of various outstanding monies owed to the Department. They pursue the recovery of program benefit overpayments whether stemming from intentional

program violations (IPV's) on part of IDHW clientele or from simple human error. Revenue Operations diligently pursue the capture of any monies receivable as negotiated through a repayment agreement or as awarded through fair hearing and legal proceedings, and then systematically process the receipt and distribution of those funds to ensure that they are deposited into the appropriate financial accounts.

☐ Other. Describe

☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: **\$100 (IDAPA: 16.06.12.701.01)**

☒ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

☒ Recover through repayment plans

☐ Reduce payments in subsequent months

☐ Recover through State/Territory tax intercepts

☐ Recover through other means

☒ Establish a unit to investigate and collect improper payments. Describe composition of unit below:

The Idaho Department of Health and Welfare maintains a unit for Welfare Fraud Investigations. Trained investigators actively pursue allegations of program abuse by clients and child care providers. Once their findings are complete, the Revenue Operations Unit at Idaho Department of Health and Welfare actively pursues the collection of various outstanding monies owed to the Department. They pursue the recovery of program benefit overpayments whether stemming from intentional program violations (IPV's) on part of IDHW clientele or from simple human error. Revenue Operations diligently pursue the capture of any monies receivable as negotiated through a repayment agreement or as awarded through fair hearing and legal proceedings, and then systematically process the receipt and distribution of those funds to ensure that they are deposited into the appropriate financial accounts.

☐ Other. Describe

- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines

c) Check which activities the Lead Agency will use for administrative error?

- ☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: **\$100 (IDAPA: 16.06.12.701.01)**
- ☒ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- ☒ Recover through repayment plans
- ☐ Reduce payments in subsequent months
- ☐ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☒ Establish a unit to investigate and collect improper payments. Describe composition of unit below:

The Idaho Department of Health and Welfare maintains a unit for Welfare Fraud Investigations. Trained investigators actively pursue allegations of program abuse by clients and child care providers. Once their findings are complete, the Revenue Operations Unit at Idaho Department of Health and Welfare actively pursues the collection of various outstanding monies owed to the Department. They pursue the recovery of program benefit overpayments whether stemming from intentional program violations (IPV's) on part of IDHW clientele or from simple human error. Revenue Operations diligently pursue the capture of any monies receivable as negotiated through a repayment agreement or as awarded through fair hearing and legal proceedings, and then systematically process the receipt and distribution of those funds to ensure that they are deposited into the appropriate financial accounts.

- ☐ Other. Describe
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

-
- ☒ Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified.

INTENTIONAL PROGRAM VIOLATIONS (IPV). An IPV is an intentionally false or misleading action or statement as identified below in Subsections 702.01 through 702.08 of this rule. An IPV is established when a family member or the child care provider admits the IPV in writing and waives the right to an administrative hearing, or when determined by an administrative hearing, a court decision, or through deferred adjudication. Deferred adjudication exists when the court defers a determination of guilt because the accused family member or child care provider meets the terms of a court order or an agreement with the prosecutor. (IDAPA: 16.06.12.702)

PENALTIES FOR AN IPV. When the Department determines an IPV was committed, the party who committed the IPV loses eligibility for ICCP. If an individual has committed an IPV, the entire family is ineligible for child care benefits. If a child care provider has committed an IPV, the provider is ineligible to receive payments. The period of ineligibility for each offense, for both participants and providers, is as follows:

01. First Offense. Twelve (12) months, for the first IPV or fraud offense, or the length of time specified by the court.
02. Second Offense. Twenty-four (24) months for the second IPV or fraud offense, or the length of time specified by the court.
03. Third Offense. Permanent ineligibility for the third or subsequent IPV or fraud offense, or the length of time specified by the court. (IDAPA: 16.06.12.703)

Clients have 30 days from the date of the decision to request a Fair Hearing. Fair Hearing Officers review and respond to all requests within 5 calendar days of the "Fair Hearing Requested" task being set. They communicate the status of reinstatement/continuance of benefits pending the hearing result to the customer within 5 calendar days of the "Fair Hearing Requested" task being set. Then work with the client to coordinate and manage all aspects of a fair hearing to completion. (Benefits Process Manual: "Fair Hearing Process")

- ☒ Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified.

TERMINATION OF PROVIDER STATUS. Under Section 56-209h, Idaho Code, the Department may terminate the provider agreement of, or otherwise deny provider status for a period up to five (5) years from the date the Department's action becomes final to any individual or entity providing ICCP. (IDAPA: 16.06.12.750)

PROVIDER NOTIFICATION. When the Department determines actions defined in Sections 701 through 705, 750, and 751 of these rules are appropriate, it will send written notice of the decision to the provider or person. The notice will state the basis for the action, the length of the action, the effect of the action on that

person's ability to provide services under state and federal programs, and the person's appeal rights.

NOTICE TO STATE LICENSING AUTHORITIES. The Department will promptly notify all appropriate licensing authorities having responsibility for licensing of a Department action, and the facts and circumstances of that action. The Department may request certain actions be taken and that the Department be informed of actions taken.

A certified letter serves as written notice of the decision. A decision issued by the Department in the Division of Welfare program will be final and effective unless an individual or representative files a written notice of appeal within thirty (30) days from the date the decision was mailed. Appeals can be sent to:

Idaho Department of Health and Welfare
Administrative Procedures Section (APS)
P. O. Box 83720
Boise, Idaho 83720-0036
APS@dhw.idaho.gov (Letter of Termination 2015)

Fair Hearing Officers review and respond to all requests within 14 calendar days of receipt of the appeal. They communicate the status of reinstatement of the Provider Agreement pending the hearing result to the provider. Then work with the provider to coordinate and manage all aspects of a fair hearing to completion. (Benefits Process Manual: "Fair Hearing Process")

☒ Prosecute criminally

☐ Other. Describe